

REG BY: Steve

CS6/AIS 92011787/ENY3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop n/s _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: **3100**
 (Client's Record)
 Make of Veh: _____

Veh No: **SNB 4415** Yr Regn: **16/11/16**
 Type: ☒ Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ P.D. / ☐ Motor / ☐ Truck / ☐ Trailer or
 Make: **Toyota Wish** No. **1798**
 Colour: **Grey** A/C: ☒ Insured / ☐ Not Insured
 Sp. Reading **132013** T/Radio: ☒ Insured / ☐ Not Insured
 Eng/No: _____
 C.No: **JTD6620W90J005197**
 Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt
 Steering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or
 Brake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or
 Mod: **NII / S/Rim / 3TD AIR Im, or**
 Tyre Size: F: **195/65R15**
 R: **11**

(Policy Condition)

Remarks: The veh had commenced its repair at the time of inspection.

N/S	O/S

Est. or Market Value: **68k**
 IDAC Accident Report: _____ Consistent? : Yes or No
 G/A / PR Seen: _____ Consistent? : Yes or No
 Est. Repair: **7** days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIO / ORTC / PIR / SUNI
 TOYO / YOKO or _____

Front		Rear
R/Bal. 4 mm		R/Bal. 4 mm
U/Bal. 4 mm		U/Bal. 4 mm
O.O.A. 22/10/22	Falcon	O.O.I. 24/11/22
Survey held at _____		
Des. of Damages: Fnt / Rear / O/S / N/S / C / Roofed or		
Front L/R		

The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time: _____ Action/Instruction

MR-68K

We will be advising our principal a cost of repair of final fig \$8,633.20 before GST and Excess \$3,100.00 with 7 days of repair, subject to their approval.
 (red, \$1664, 16%)

Date/Time, File Pass to/ ☐ : Preli. Report
 13/02/23 ☐ : Final Report
 Date/Time, File Return to/

Days Of Repair: **7**

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)
☐ : Weekend (\$)

Survey Fee: _____

Dispensation: _____

US + SG: _____

Notes: _____

Others: _____

TOTAL: _____

Report Format: **desktop**

Lump Sum / L.B.H. (\$ **8633.20**)