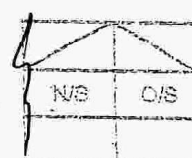


RECEIVED: CC3/AIS 23001848/Tue 3.

ASSIGNMENT

From: _____ Date: _____
Estimated cost: _____
① I/S / RES / OD RES / EVA / RV / MV
To inspect Vehicle No: _____
Workshop No: _____
Insured: _____
Policy No: _____
Claims No: _____
Sum Insured: _____ Excess: 169 \$600
(Client's Record)
Make of Veh: _____



(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.
Est. or Market Value: \$130K
D.A.C. Accident Report Consistent? : Yes or No
S.A. / PR Saver: Consistent? : Yes or No
Est. Repairs: 10 days Res.: Yes or No
Turn Sum: I.B.I % 3 Val.: Yes or No
S.A. / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMR 6433X Yr Regn: 2029 Jan
Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Skoda Octavia C.D. 1984
Colour: Green A/C: Insured / Std / NI / NA
Sp/Reading: 52822 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: TMBB47WE3L 0045044
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Insured / Jammed / Leaked / Burnt or
Brake: Insured / Jammed / Leaked / Burnt or
Modl: NI / STD / R/Lin or
Tyre Size: F: 235/35R19
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MID / DHTSU / PER / SUM /
TOYO / YOKO or Continental
Front Rear
R/Bel. 6 mm R/Bel. 6 mm
L/Bel. 6 mm L/Bel. 6 mm
D.O.A. _____ D.O.L. 21/2/25
Survey held at VW Tuar
Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
28/04/2023	Finalise COR P/P \$14,195.20 before EXCESS \$600 & GST with 10 days (Red \$2,545.51/15%)

Date/Time, File Pass to? 28/04/2023 typist
Date/Time, File Return to? _____
Prel. Report ☐
Final Report ☒
Days Of Repair: 10
Resurvey No. of Trip: _____
Survey Fee: _____
Transportation: _____
Add Fee: ☐ Site Insp ☐
☐ Interview ☐
☐ Tech. Insp ☐
OD
P/P \$14,195.20