

CS/INC24060139/Anh3

ASSIGNMENT

From: _____ Date: _____
 Estin ^{Est Cost}: _____
 OD / TP INS / TP RES / OD RES / EVA / INV / MV
 To In ^{Vehicle} No: _____
 at Work ^{Shop} in/s _____
 of _____
 Insured: _____
 Policy No: _____
 Claim's No: _____
 Sum Ins ^{Unit}: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: GBF533Z Yr Regn: 2016 June
 Type: M Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Mit Cantor C.D. 2998
 Colour: Green A/C: Insured / Std / NI / NA
 Sp. Reading: 205158 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: FFA01BA20233
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Mod: Nil S/Rim / STD A/Rim or _____
 Tyre Size: F: 185/75R15
 R: 185/75R15

(Policy Condition)

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

N/S	O/S

BS / DUN / EXNOVA / GY / FS / IZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

Front _____ Rear _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 19/06/24

Survey held at NIS
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or _____

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time _____ Action / Instruction _____

TP INC

COE Expiry :

Estimate given during : Yes ()
 1st Survey : No ()

MV :

PV :

Nett :

Adrian confirmed lump sum \$2600 and 4 days
 (red, \$3970.35, 60%)

457D

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: 4

1) _____
 Date/Time, File Return to?

☐ : Final Report

Resurvey No. of Trip: _____

2) _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

Survey Fee: _____

Transportation: _____

Photos _____