

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: G3F272B

at Workshop m/s 14's B10

of _____

Insured: S2R 17535

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: 818k.

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

196N

Date: _____ Person Contacted: LTA 8030

Vehicle: IN / OUT

Veh No: G3F272B Yr Regn: 25/05/16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or CAI CarGo Maxi 1.6

Make: FIAT Doblo c.c. 1598

Colour: white A/C: Insured / Std / NI / NA

Sp.Reading: 170310 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 2FA26300006B2263

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nit / S/Rim / STD A/Rim or

Tyre Size: F: 195 / 60 R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Triangle

Front 6 mm Rear 6 mm

R/Bal. _____ mm R/Bal. _____ mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 17/09/24 D.O.I. 3/10/24

Survey held at _____

Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or

Rear o/s.

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

Date / Time Action / Instruction Dep 8500

9/10/24 1/5 @ 1500 intend Susan (Red. \$721.00, 82%)

Date/Time, File Pass to?

: Preli. Report

Days Of Repair: 3

1) _____

: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee:

2) _____

Add Fee: : Site Insp (\$ _____)

Transportation:

Report Format : _____

: Interview (\$ _____)

S + RS, SI

Lump Sum / I.B.I: (\$ _____)

: Tech. Invs (\$ _____)

Photos

: Weekend (\$ _____)

Others

TOTAL

