

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/INC 24070290/UVH3

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: A2 88X

at Workshop m/s Envix

of \_\_\_\_\_

Insured: \_\_\_\_\_

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.

|                                         |                              |
|-----------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> N/S | <input type="checkbox"/> O/S |
| <input type="checkbox"/>                | <input type="checkbox"/>     |

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

161f  
Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: AQ 88X Yr Regn: 1

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

Truck / Trailer or \_\_\_\_\_

Make: Honda wave c.c. \_\_\_\_\_

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

Sp. Reading: \_\_\_\_\_ T/Radio: Insured / Std / NI / NA

Eng/No: 2004 P1P

C/No: \_\_\_\_\_

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: N/S / STD A/Rim or

Tyre Size: F: 70-90-17 Dun

R: 70-90-17

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

TOYO / YOKO or

Front

R/Bal. 5- mm

L/Bal. \_\_\_\_\_ mm

D.O.A. 09/06/24

Survey held at \_\_\_\_\_

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

N/S 3.4  
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

☐

Site Insp (\$ \_\_\_\_\_ )

☐

Interview (\$ \_\_\_\_\_ )

☐

Tech. Invs (\$ \_\_\_\_\_ )

☐

Weekend (\$ \_\_\_\_\_ )

Survey Fee:

Transportation:

\_\_\_\_ S + RS, \_\_\_\_ SI

Photos

Others

TOTAL