

ASS. REC. BY:

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s HC Auto

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.**

| | |
|-----|-----|
| N/S | O/S |
| | |

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : **Yes** or **No**

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

Est. Repairs: 03 days Res.: **Yes** or **No**

Lum Sum: _____ % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: **IN / OUT**

Veh No: S140 2928U Yr Regn: 06, 13

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

Truck / Trailer or

Make: Toy Vell Fire c.c. 2362

Colour n.p. White A/C: **Insured / Std / NI / NA**

Sp. Reading 223207 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: AT1120 * 8025837

Gen. Cond: **Good / Fair / Poor / Burnt**

Steering: **Inorder / Jammed / Leaked / Burnt** or _____

Brake: **Inorder / Jammed / Leaked / Burnt** or _____

Modi: **Nil / S/Rim / STD A/Rim** or _____

Tyre Size: F: 215/65R16

R: _____

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

TOYO / YOKO or Homej

Front 9 mm Rear 9 mm

R/Bal. 9 mm R/Bal. 9 mm

L/Bal. 9 mm L/Bal. 9 mm

D.O.A. 24/2/15 D.O.I. 25/2/15

Survey held at ✓

Des. of Damages: **Fr / Rear / O/S / N/S / U/C / Rooftop** or 0 N/S 157

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

| Date / Time | Action / Instruction |
|-------------|----------------------|
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Date/Time, File Pass to? : **Preli. Report**
 : **Final Report**

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 | |