

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 Trans Cab

of _____

Insured: _____

Policy No. _____

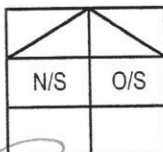
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : **Yes or No**GIA / PR Seen: _____ Consistent? : **Yes or No**Est. Repairs: 04 days Res.: **Yes or No**Lum Sum: 1.13.1 % 3 Val.: **Yes or No****CA / REV / REP. / 24 HRS**Vehicle: **IN / OUT**

Date: _____ Person Contacted: _____

Veh No: S140 97492 Yr Regn: 12, 13Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /**

Truck / Trailer or _____

Make: Renault Latitude c.c. 1995Colour: m. white / Red A/C: **Insured / Std / NI / NA**Sp. Reading: 203385 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: VIFIABL15AUC 276168Gen. 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: Feiken 215/60R16****R: Rowel****BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or****Front**R/Bal. 6 mmL/Bal. 6 mmD.O.A. 19/4/15Survey held at ✓**Rear**R/Bal. 5 mmL/Bal. 5 mmD.O.I. 21/4/15Des. of Damages: **Frt / Rear / O/S / N/S / U/C / Rooftop or**Rear N/S**The U/C / Chassis frame / Body Structure affected due to collision.**

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : **Preli. Report**☐ : **Final Report**

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format: _____

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