| (08/13/13) REF: | |
|---|---|
| Similar | CNRENT |
| <u>ASSIGNMENT</u> | |
| From: Date: | Veh No: SH78377, Yr Regn: JUN / 201 |
| Estimated Cost: | Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / |
| OD / TP / WS / TP RES / OD RES / EVA / INV / MV | Truck / Trailer or |
| To Inspect Vehicle No: | Make: AUN SONATH C.C 1991 |
| at Workshop m/s CHUHNI. | Colour A/C: Insured / Std / NI / NA |
| | Sp.Reading 3/1233 T/Radio: Insured / Std / NI / NA |
| of | Eng/No: |
| Insured: | Acon Ourse One NA |
| Policy No. | Gen. Cond. Good / Fair / Poor / Burnt |
| Claims No. | |
| Sum Insured: Excess: | Steering: Inorder / Jammed / Leaked / Burnt or |
| (Client's Record) | Brake: /norder / Jammed / Leaked / Burnt or |
| Make of Veh: | Modi: (Nit') S/Rim / STD A/Rim or |
| | Tyre Size: F: 205/60/246 |
| (Policy Condition) | R: |
| Remark: The veh had commenced its N/S O/S | BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / |
| repair at the time of inspection. | TOYO/YOKO or Westate |
| Bal. or Market Value: | Front Rear |
| IDAC Accident Rport: Consistent? : Yes or No | R/Bal. R/Bal. mm |
| GIA / PR Seen: Consistent? : Yes or No | L/Bal. (mm L/Bal. mm |
| Est. Repairs: days Res.: Yes or No | D.O.A. 4 12/20) |
| Lum Sum: % 3 Val.: Yes or No | Survey held at |
| Lum Suhi. | Des. of Damages (Fxt Rear / O/S / N/S / U/C / Rooftop or |
| CA / REV / REP. / 24 HRS Vehicle: IN / OUT | Des. of Damages (127) Near 7 Green inter- |
| Date: Person Contacted: | The U/C / Chassis frame / Body Structure affected due to collision. |
| Date / Time Action / Instruction | |
| Pato / Timo / Notati / Motation | |
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| Date/Time, File Pass to? : Preli. Report | Days Of Repair: |
| ; Final Report | Resurvey No. of Trip: Survey Fee: |
| Date/Time, File Return to? | Transportation: |
| 2) Add Fee | : Site Insp (\$)S+RS,SI |
| | : Interview (\$) Photos |
| Report Format : | : Tech. Invs (\$) Others |
| Lump Sum / I.B.I: (\$ | :Weekend (\$ |
| | TOTAL |