

ASSIGNMENT

From: _____ Date: _____

Estimated Cost:

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

To inspect Vehicle No: SKA 2467M

at Workshop m/s *KPH morn*

of 285, 11/24/2014

Insured: 401 108

Policy No.

Claims No.

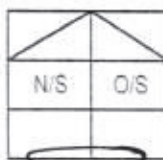
Sum Insured: Excess:

(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 Report: 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
100	100	Yes
90	90	Yes
80	80	Yes
70	70	Yes
60	60	Yes
50	50	Yes
40	40	Yes
30	30	Yes
20	20	Yes
10	10	Yes
0	0	Yes

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Date / Time	Action / Instruction
-------------	----------------------

Date/Time: File Pass to?

☐: Prelim. Report

11

☐ : Final Report

Date/Time File Return to?

2

Report Format :

Lump Sum / I.B.I.: 13

Days Of Repair:

Resurvey No. of Trip:

Add Fee: Site Insc (\$

Interview 15

☐ Tech. Invs. (\$

	Weekend	S
--	---------	---

Survey Fee

Transportation

Shyne

1000000

1000