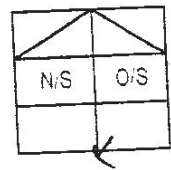


ASSIGNMENT

Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: SLF 7224B
 at Workshop no: Wearnes
 of: 249 Alexandra Rd
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: mandy
 (Policy Condition) 10km
 Remark: owners writing
 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: _____ days Res.: Yes or No
 Lump Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT



Van No: SLF 7224B Reg: 7016 yng
 Type: Land Rover / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover
 Truck / Trailer or
 Make: Discovery 1999.
 Colour: white
 Sc Reading: 36220 Insured: Std / NI / NA
 T Radio: Insured / Std / NI / NA
 Eng/No: SALCA2AG89H618771
 C.No: _____
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: 235/60R15
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front: _____ Rear: _____
 R/Bal: 6 mm R/Bal: 6 mm
 L/Bal: 6 mm L/Bal: 6 mm
 D.O.A.: _____ D.O.I.: 12/2/1801020
 Survey held at: Wearnes
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

Date/Time File Pass to: ☐ Preli. Report
☐ Final Report
 Date/Time File Return to: _____

Days Of Repair: _____
 Resurvey No. of Trip: _____

Add Fee: ☐ Site Insp. \$
☐ Inter. ex. \$
☐ Tech. \$
☐ Clean and \$

Survey Fee
 Transportation

Report Format: _____
 Lump Sum / LB: \$

A large empty rectangular box for additional notes or calculations.