

ASS. REC. BY:

REF: ALA /

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Tans Cob

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.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 5558P Yr Regn: 09, 14

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

Truck / Trailer or _____

Make: Benavt Latitude c.c. 1995

Colour M. White / Red A/C: Insured / Std / NI / NA

Sp. Reading 529216 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VFI ABL 15AUC 279250

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: Giti 215/60R16

R: Falken

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front _____ Rear _____

R/Bal. 9 mm R/Bal. 7 mm

L/Bal. 9 mm L/Bal. 7 mm

D.O.A. 16/2/18 D.O.I. 21/2/18

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or N/S 151

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

Date / Time	Action / Instruction
<u>22/2</u>	<u>File pass to Catherine Ngwite</u>
	<u>11 Rep @ 3200</u>

Date/Time, File Pass to? Prel. 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: _____ \$ + RS. _____ \$
Photos _____
Others _____
TOTAL _____

Report Format : _____ Lump Sum / I.B.I. (\$) _____