

Simon

ASSIGNMENT

From: SLR8469S Date

Estimated Cost:

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

To inspect Vehicle No SLR8469S

at Workshop m/s Rye Auto - Auto Rep

of Auto Bay #01-56 #01-56

Insured

Policy No

Claims No

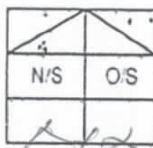
Sum Insured: Excess

(Client's Record)

Make of Ven

(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: days Res.: Yes or No

Lum Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted

Vehicle: IN / OUT

Veh No SLR8469S

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

Truck / Trailer or

Make Honda Shuttle

Colour Silver AC Insured / Std / NI / NA

Sp. Reading No Accidents Radio Insured / Std / NI / NA

Eng No

C No GPT-1116133

Gen. 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: 185/60 R15

R: 185/60 R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Bridgestone

Front

Rear

R/Bal 3 mm R/Bal 3 mm

L/Bal 3 mm L/Bal 3 mm

D.O.A. 23/2/2018 DOI 26/2/2018

Survey held at: Ak Alard

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

26/2/2018 Workshop informed to also direct and urged us to inform him about the liability outcome. * Mileage Not Available - No Power Supply Rear Boot Badly Jammed At Time of A Survey.

Date/Time File Pass to:

☐ : Preli. Report

☐ : Final Report

Date/Time File Return to:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transcription

1.000 - 1.000

Photos

Notes

TOTAL

Add Fee:

☐ Site Insp :S

☐ Interview :S

☐ Tech. Insp :S

☐ Weekend :S

Report Format :

Lump Sum / I.B.I. :S