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ASSIGNMENT

From: Date:	Veh No: SKX 1964E _ Yr Regn: 2015 NOV
Estimated Cost:	Typer 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: Harden 87. Jazz c.c 1498
at Workshop m/s	Colour Grange . A/C: Insured / Std / NI / NA
of	Sp.Reading 40114, T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: 5HmGKS8506X201145
Claims No.	Gen. Cond. Good/ Fair / Poor / Burnt
Sum Insured: Excess:	Steering: norder/ Jammed / Leaked / Burnt or
(Client's Record)	Brake: Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 205/+5816.
(Policy Condition)	R: 205/45R16.
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 Hankook
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 02/05/18,
Lum Sum: % 3 Val.: Yes or No	Survey held at VISYON,
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Des. of Damages : Frt. / Rear / O/S /, N/S / U/C / Rooftop or
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
TP Lon Pac.	
-/	- M
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
1) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fee	e:: Site Insp (\$)s+Rs,si
	: Interview (\$) Photos
Report Format :	:Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$:Weekend (\$
	· FOTAL