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ASSIGNMENT Yr Regn: 2012 July . SKG1676H. Veh No: Date: From: Type: M.Car/ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover Estimated Cost: Truck / Trailer or OD / TP / WS / TP RES / OD RES / EVA / INV / MV Chervolet Cruze Make: To Inspect Vehicle No: Insured / Std / NI / NA Colour at Workshop m/s T/Radio: Insured / Std / NI / NA Sp.Reading of Eng/No: Insured: KLIJA69E9CK648134 C/No: Policy No. Gen. Cond. Good/ Fair / Poor / Burnt Claims No. Steering: Inorder / Jammed / Leaked / Burnt or Excess Sum Insured: Inorder / Jammed / Leaked / Burnt or (Client's Record) Nil I/S/Rim / STD A/Rim or Modi: Make of Veh: Tyre Size: 215/50R17 (Policy Condition) N/S O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / Remark: The veh had commenced its repair at the time of inspection. Kunho TOYO / YOKO or Rear Front Bal, or Market Value: R/Bal. R/Bal. mm Consistent?: Yes or No mm IDAC Accident Rport: L/Bal. L/Bal. Consistent?: Yes or No mm mm GIA / PR Seen: D.O.I. 06 D.O.A. Res.: Yes or No Est. Repairs: days 3 Val.: Yes or No Survey held at Lum Sum: Des. of Damages: Frt / Real / O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS Vehicle: IN / OUT Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date: Date / Time Action / Instruction Date/Time, File Pass to? Preli. Report Days Of Repair: Survey Fee: Resurvey No. of Trip: Final Report Date/Time, File Return to? Transportation: Add Fee: Site Insp (\$ S+RS, SI Interview Photos Tech. Invs (\$ Others Report Format: Lump Sum / I.B.I: (\$ Weekend (\$