| ASS | IGNMENT |
|---|--|
| From: Date: | Veh No: SKF8861Y, Yr Regn: 2012, Jan |
| Estimated Cost: | Type 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: Audi 33 SB c.c 1984 |
| at Workshop m/s | Colour White A/C: Insured / Std / NI / NA |
| of | Sp.Reading 5H3I3 . T/Radio: Insured / Std / NI / NA |
| Insured: | Eng/No: |
| Policy No. | C/No: WAUZZZ8P4CA084130. |
| Claims No. | Gen. Cond Good Fair / Poor / Burnt |
| Sum Insured: Excess: | Steering: (norder / Jammed / Leaked / Burnt or |
| (Client's Record) | Brake: Inorder/ Jammed / Leaked / Burnt or |
| Make of Veh: | Modi: Nil / S/Rim / STD A/Rim or |
| | Tyre Size: F: 225/40 R18 |
| (Policy Condition) | R: 225/40R18. |
| 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 |
| 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. 04 07/18 |
| Lum Sum: % 3 Val.: Yes or No | Survey held at Reenium |
| 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 A16. | |
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| Date/Time, File Pass to? : Preli. Report | Days Of Repair: |
| : Final Report | Resurvey No. of Trip: Survey Fee: |
| Date/Time, File Return to? | Transportation: |
| Add Fee | : Site Insp (\$)s+Rssl |
| | : Interview (\$) Photos |
| Report Format : | : Tech. Invs (\$) Others |
| Lump Sum / I.B.I: (\$ | : Weekend (\$ |
| | The state of the s |