ASSIGNMENT

From: Date:	Veh No: SFL357L- Yr Regn: 2017 / Apri
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 A3 c.c 999.
at Workshop m/s	Colour Red - A/C: Insured / Std / NI / NA
of	Sp.Reading 28483 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: WAUZZZSV6+/1020659.
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: hwrder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil S/Rim / STD A/Rim or
	Tyre Size: F: 205/558-16-
(Policy Condition)	R: 205/55R/6.
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:	<u>Front</u> <u>Rear</u>
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. 30/88/18
Lum Sum: % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damage : Frt Rear O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT Date: Person Contacted:	
	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
i) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fe	
Papart Format	: Interview (\$) Photos : Tech. Invs (\$) Others
Report Format:	
Lump Sum / I.B.I: (\$)	:Weekend (\$
	TOTAL