II

## ASSIGNMENT

From:	Date:		Veh No.	SICQ	22130	Yr Regn:	2014	Sep	
Estimated Cost:	Dato.		Type: M. Gar / N						
OD / TP / WS / TP RES / OD RE	S / EVA / INV / MV		Truck / T	railer or					
To Inspect Vehicle No:			Make:	Sunh	13		C.C	647	
at Workshop m/s			Colour	Blech		A/C: Insu	red / Std	/ NI / NA	
of			Sp.Reading	975	74	T/Radio: Insu	red /-Std	/ NI / NA	
Insured:			Eng/No:			- 1.210		)-	
Policy No.			Č7No:	WBY	117420	20124	bFS	7	
Claims No.			Gen. Cond:						
Sum Insured:	Excess:		Steering: Ingrd	d Jamme	d / Leaked /	Burnt or			
(Client's Record)			Brake: Inocder / Jammed / Leaked / Burnt or						
Make of Veh:			Modi: Nil /	S/Rim / ST	D A/Rim of				
			Tyre Size:	F:	175	60R19			
(Policy Condition)				R:	1	7			
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 i	inspection.	1	YOYO I YOK	or or					
Bal. or Market Value:			Front			Rear	_		
IDAC Accident Rport:	Consistent? : Yes	s or No	R/Bal.	6	mm	R/Bal.	6	mm	
GIA / PR Seen: Consistent? : Yes or No			L/Bal.	(	mm	L/Bal.	6	/ mm	
Est. Repairs:	days Res.: Yes	or No	D.O.A.			D.O.I. 2	=/4/	18 64250	
Lum Sum:	% 3 Val.: Yes	or No	Survey held at		pmL		1 /		
CA / REV / REP. / 241	HRS		Des. of Damag	es : Frt /R	ear I OIS I	N/S / U/C /	Rooftop	or	
		Yehicle: IN / OUT							
Date: Person	Contacted:	Kerin	The U/C /	Chassis fra	ame / Body	Structure affe	cted due	to collision.	
Date / Time Action / Instr	uction								
	-								
Date/Time, File Pass to?	: Preli. Report		Days Of Repa	air:					
1)	: Final Report		Resurvey No.	of Trip:		Survey Fee			
Date/Time, File Return to?						Transportation	-		
2)		Add Fee	: Site In	sp (\$		)S+RS	SI		
			: Intervi	ew (\$		) Photos			
Report Format :			: Tech.	Invs (\$		) Cithers			
Lump Sum / I.B.I: (\$		)	: Week	end (\$		) -			
						TOTAL			