

Signature *Pam*

REF:

1742A

ASSIGNMENT

From: Date:

Estimated Cost:

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SLW 1887M

at Workshop m/s CYL & CARPENTRY

of 209, PUNJAB GARDEN

Insured: 111

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

Coco

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SLW 1887M Yr Regn: 2018 / Jan

Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: KIA CERATO K3 1.6A c.c 1591

Colour: GRAY A/C: Insured / Std / NI / NA

Sp. Reading: 25940 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KNAFX411M3 5761160

Gen. Cond: Good / Fair / Poor / Burnt

Steering: ☒ Inorder / Jammed / Leaked / Burnt or

Brake: ☒ Inorder / Jammed / Leaked / Burnt or

Modi: Nil / SRim / STD A/Rim or

Tyre Size: F: 205/55 R16

R: -

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or NEXEN

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 01/12/18

D.O.I. 18/12/18

Survey held at C8C CAPA

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear of

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ Site Insp (\$)

☐ S + RS SI

☐ Interview (\$)

☐ Photos

☐ Tech. Invs (\$)

☐ Others

☐ Weekend (\$)

☐

Report Format :

Lump Sum / I.B.I: (\$)

TOTAL