Assign: Steve | REF: LPC 240/E

ASSIGNMENT

From | Date:

Estimated Cost

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured

Policy No.

Claims No.

Sum Insured: | Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S
XXX	

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

Bal. or Market Value:

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No. EU 3338L Yr Regn:

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Volvo XC60 C.C 2.0

Colour A/C Insured / Std / NI / NA

Sp.Reading 22172 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: YV1DZ40LDH 2165426

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 255/40R21

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or PZERO

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	21/1/19	D.O.I.	25/2/19

Survey held at Weanes Automotive

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

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

Date / Time	Action / Instruction
	* Cannot check PARF value

Date/Time. File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time. File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation

) _ S + RS _ SI

) Photos

) Other

) ..

TOTAL

Report Format :

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