

ASS. REC. BY:

Rasul

REF: ASM(AxA)

3952

ASSIGNMENT

From:

Date:

10/9/19

Estimated Cost:

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

To Inspect Vehicle No:

GBG-6021P

at Workshop m/s

Falcon Air

of

Blk & Pender twp

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

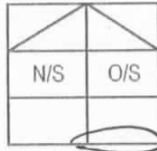
(Client's Record)

Make of Veh:

After 1pm

(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 ^{cup}

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

GBG 6021P

Yr Regn: 2017 / SEP

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

Truck / Trailer or

Make:

TOYOTA DYNA 3.0 M

C.C

2982

Colour

WHITE

A/C:

Insured / Std / NI / NA

Sp. Reading

82718

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

K042318027989 *

Gen. Cond: Good / ☒ Fair / Poor / BurntSteering: ☒ order / Jammed / Leaked / Burnt orBrake: ☒ order / Jammed / Leaked / Burnt or

Modi:

Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

175/25R15

R:

165R13C

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

TOYO / YOKO or

Front

Rear

R/Bal.

6.

mm

R/Bal.

6/6

mm

L/Bal.

6

mm

L/Bal.

6/6

mm

D.O.A.

26/08/19

D.O.I.

10/09/19

Survey held at

Falcon-AIR

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

REAR O/S

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 (\$)



: Interview (\$)



: Tech. Invs (\$)



: Weekend (\$)

S + RS, SI

Photos

Others

TOTAL

Report Format :

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