

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: _____

Veh No: YP1322J Yr Regt: 2016 / Feb.
 Type: M.Car / M.Cycle / Bus / Van / Truck / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Isuzu NPR75 C.C. 5193
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 57948 / T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JAA4PR7SHG7101693
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 215/75R17.5
 R: 215/75R17.5

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

N/S	O/S

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

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 7 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Front _____ Rear _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 11/09/19
 Survey held at NHT
 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
	TP AWA
	YP1322J - CS/AWA 11015996/d3 RCA - 09/09/2019
	MV: 52K. (Depreciation @ \$8K)
	PV: 3K
	Nett: 49K.

Date/Time, File Pass to? ☐ : Prel. Report
☒ : Final Report
 Date/Time, File Return to? _____

Days Of Repair: 7
 Resurvey No. of Trip: 1

Report Form 1: 7P
 Lump Sum / H.R. 8000

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Inv (\$)
☐ : Travel and (\$)

Survey Fee:	<u>350</u>
Transportation:	<u>3 + PS. SI</u>
Photos	
Others	
TOTAL	<u>350</u>