

REC. BY: Max 165

REF:

ASSIGNMENT

Asher

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)

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

Date / Time Action / Instruction

1)

Date/Time, File Return to?

2)

Report Format :

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

Veh No:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

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:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

Yr Regn:

24/2/01

C.C

2477

A/C: Insured / Std / NI / NA

T/Radio: Insured / Std / NI / NA

JMAJNPISVYA 001250

185 R14

condor

Rear

R/Bal.

L/Bal.

D.O.I.

D.O.I.

6 mm
6 mm
24/9/19
24/9/19

Rear

M.V: 79,800

LTA: 73716

Net: 46,024

(RED: 11,563 65%)

Date/Time, File Pass to?

☐

: Preli. Report

☐

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

) S + RS, SI

) Photos

) Others

)

TOTAL

not Authorized
 24/9/19
 1/5 \$6000
 10 day.

Nett item

102

$$\begin{array}{r} 5998 \\ 102 \\ \hline 5398.2 \\ 60582 \\ 6446. \end{array}$$