ASSIGNMENT

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

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: 5 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date Person Contacted:

Veh No: SLW33S. 1st Regn: 2013 May.

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

Make: BMW 316i c.c. 1598

Colour: White. A/C: Insured / Std / NI / NA

Sp.Reading: 131354 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBA3A12040J720387

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: 245/35R19.

R: 245/35R19.

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

Front			Rear		
R/Bal.	06	mm	R/Bal.	06	mm
L/Bal.	06	mm	L/Bal.	06	mm
D.O.A.			D.O.I.	19/12/19.	

Survey held at: Fustech.

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Front o/s, u/c.

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

Date / Time	Action / Instruction
	TP AXA.
	46 $47950/- (Red = $15,803.50 / 67%)
	MV: 56K
	PV: 40.3K
	Nett:

Date/Time, File Pass to: [ ] : Preli. Report [ ] : Final Report

1)

Date/Time, File Return to:

3)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee: [ ] Site Insp. ($ [ ] Interview ($ [ ] Tech. Insp. ($

Report Format

Long Form