

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SMA7720A
 at Workshop m/s LP
 of _____
 Insured: GR 9028Y
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SMA7720A Yr Regn: 1 109
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or CA1
 Make: Honda Fit c.c. 1339
 Colour: Grey A/C: Insured / Std / NI / NA
 Sp. Reading: 226699 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: GE61158269
 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: 205/50 R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or FALKEN
 Front R/Bal. 6 mm Rear R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 3/1/19 D.O.I. 3/1/19
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
LH O/S
 The U/C / Chassis frame / Body Structure affected due to collision.

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.
 Bal. or Market Value: 38k.
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 4 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS L1A29637
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

N/S	O/S

Date / Time Action / Instruction
502 - 31-8-2018 Dyrs Sub.
8/1/20 4/5 H250 contact with A/C.

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) Date/Time, File Return to?
 2) _____
 Report Format : _____
 Lump Sum / I.B.I: (\$) _____)
 Days Of Repair: _____
 Resurvey No. of Trip: _____
 Survey Fee: _____
 Transportation: _____
 Add Fee: : Site Insp (\$ _____) S + RS, SI
 : Interview (\$ _____) Photos
 : Tech. Invs (\$ _____) Others
 : Weekend (\$ _____)
 TOTAL _____