ASG REC BY: REF: A'G/ 0093/KK | X 20/01/20

Renareh

ASSIGNMENT

From: Date:

Estimated Cost:

OD / (TP) WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s Trans Cab

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs 03 days Res.: Yes or No

Lum Sum 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date Person Contacted: Vehicle: IN / OUT

Veh No: SHC5660B Yr Regn: 12, 14

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

Make: Renault Latitude c.c 1995

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

Sp.Reading 577301 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: VF1ABL15AUC 281153

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: (Nil) / S/Rim / STD A/Rim or

Tyre Size: F: 215/60R16

R:

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm

D.O.A. 22/12/19 D.O.I. 31/12/19

Survey held at

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

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

Date / Time	Action / Instruction
/	Fix parts to
	1 lump @2050h (Red: 3947.75 : 95%)

Date/Time File Recv'd: [ ] : Prell. Report

1) 23/4 Typist [ ] : Final Report

Date/Time File Return'd?

2)

Days Of Repair: 3

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: [ ] : Site Insp ($) ___ $ - RS. ___ $/

[ ] : Interview ($) Fares

[ ] Tech Invs ($) Others

[ ] Weekend ($)

Report Format:

Lump 6 / I.B.R.S TP 2050/-