

ASS REQ BY:

REF:

8886

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

CD / 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 Report:

GIA / PR Seen:

Est. Repairs

Lum Sum

Consistent? : Yes or No

Consistent? : Yes or No

days Res.: Yes or No

% 3 Val.: Yes or No

CA / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

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:

SS / 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

Rear

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

Site Insp (\$)

Interview (\$)

Tech Invs (\$)

Travel And (\$)

Disput/Case File Pass to?

1)

Disput/Case File Return to?

2)

Rep. Contact:

Lump Sum / H.R.:



Prelt Report



Final Report

OD

\$72,621.20

14

Survey Fee:

Transportation

C.R.S. 24

Notes

Notes

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11.05.2021 Rasul confirmed final fig \$72,621.20 ; 14 repair days with Thomas.
(Red \$35,344.10, 33%)