

ASSIGNMENT

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

<input type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Veh No: **SFS886EP** Regn: **2016/Dec**

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

Make: **Nissan Qashqai** cc: **1197**

Colour: **White** A/C: **Insured / Std / Nil / NA**

Sp. Reading: **39232** T/Radio: **Insured / Std / Nil / NA**

Eng/No: _____

C/No: **SJNFEAJ114(17)3981**

Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: **Orderly** / Jammed / Leaked / Burnt or

Brake: **Orderly** / Jammed / Leaked / Burnt or

Mod: **Nil** / S/Rim / STD A/Rim or

Tyre Size: F: **215/60R17**
R: **215/60R17**

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

<u>Front</u>		<u>Rear</u>
R/Bal. 06 mm		R/Bal. 06 mm
L/Bal. 06 mm		L/Bal. 06 mm
D.O.A. _____		D.O.I. 14/04/20

Survey held at **Success United.**

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

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

Date / Time	Action / Instruction
	TP ALG
	MV :
	PV :
	Nett :

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Pickup to? _____

2) _____

Report Format: _____

Equip. Form / H.P. No: _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Arbit Fee: Site Insp (\$) Interview (\$) Tech. Insp. (\$) Wheel End (\$)

Survey Fee:	
Transportation:	
S + PS. ST	
Folio:	
Other:	
TOTAL	