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.

N/S	O/S

Bal. or Market Value

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Conn Consistent? : Yes or No

Est. Repairs days Res.: Yes or No

Lum Sum % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date Person Contacted.

Veh No. SDB7323P 1st Regn 2007, July.

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

Make Toyota Camry. c.c. 2362

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

Sp.Reading 25535A T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MR053BK4007014436

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: 215/60R16.

R: 215/60R16

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.	08/06/20	

Survey held at Kaney

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 QBE. COE Expiry: 26/07/27.
	MV :
	PV :
	Nett :

Date/Time. File Pass to:

[ ] : Preli. Report

[ ] : Final Report

Date/Time. File Return to:

Report Format:

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Invs ($)

[ ] : Weekend ($)

Survey Fee:

Transportation: ___$ + RS. ___SI

Photos

Other:

TOTAL