

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 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

Veh No Smm 2883H at Regn 2019 / June
 Type M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

Make: Honda Vezel C.C. 1496Colour White A/C: Insured / Std / Nil / NASp Reading 12545 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: RU11319019Gen. Cond. Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/55R17R: 215/55R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Fulker

Front

Rear

R/Bal. 06 mmR/Bal. 06 mmL/Bal. 06 mmL/Bal. 06 mm

D.O.A. _____

D.O.I. 24/06/20Survey held at YSKDes. 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
	<u>TP / 1st Cap</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>
	<u>ADRIAN CONFIRMED L/S \$ 5,500.00/6 DAYS WITH BOSS.</u>
	<u>(\$ 7,688.92/RED - 58%)</u>

Date/Time, File Pass to?

21/07/2020

1) TYPIST

Date/Time, File Return to?

2)

Report Format:

L/S \$ 5,500.00

Days Of Repair: 6Resurvey No. of Trip: 2Arid Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Insp (\$ _____)☐ : Meet end (\$ _____)

Survey Fee:

Transportation:

3 * RS. \$ _____

Photos

Other:

TOTAL