

ASS. REC. BY:

REF: CTZ/

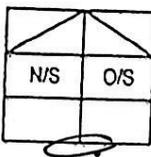
Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 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.



Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 02 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: S14D 678D Yr Regn: 121 15
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Traller or _____
 Make: Mw 5220 c.c. 2184
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 604742 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WDD 2120012B 221528
 Gen. Cond: Good / Fair / Poor / Burnt
 Sleering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modl: NII / S/Rlm / STD / Rlm or _____
 Tyre Size: F: 225/55R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Giti
 Front R/Bal. 9 mm Rear R/Bal. 8 mm
 L/Bal. 9 mm L/Bal. 8 mm
 D.O.A. 18/6/20 D.O.I. 22/6/2020
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or _____

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>21 Sep @ 1600h</u>

Date/Time, File Pass to? : Prell. Report
 : Final Report

Days Of Repair: _____
 Resurvey No. of Trip: _____

1) Date/Time, File Return to?

2) _____

Report Format : _____
 Lump Sum / I.B.I: (\$ _____)

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee:	
Transportation:	
S - RS:	
Fees:	
Others:	
TOTAL	