

ASS. REC. BY:

REF:

A16.

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

Jumari

Veh No:

SHD 3177M

Yr Regn:

2016 / Dec.

Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Taxi / Prime Mover /

Truck / Trailer or

Make:

Kugudi 140.

c.c

1655

Colour

Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

43437

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMH LB 414M H. 096733.

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:

205 / 60 R16

R:

7.7

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

TOYO / YOKO or

Dunlop

Front

Rear

R/Bal.

C

mm

R/Bal.

6

mm

L/Bal.

C

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

30/6/20.

Survey held at

Computerized by

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

Frt O/S

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Per. of Form:

Lump Sum / L.B. / P.

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$