CS/AGI20006927/Asf3

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 Seen: _____ 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 SJH4415A Yr Regn 2008 August

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

Make: Toyota Allion c.c 1496

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

Sp Reading 195988 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NZT260-3028503

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: 195/60R15.

R: _____

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.	02/07/20

Survey held at JEC.

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 Budget Direct. COE Expiry: 30/06/23
	MV: 19K.
	PV: 11.5K
	Nett: 7.5K.
	ADRIAN CONFIRMED L/S $ 4,400.00/7 DAYS WITH BOSS. ($ 4,206.25/RED - 49%)

Date/Time, File Pass to? 16/07/2020 1) TYPIST

Date/Time, File Return to? 2) _____

☐ : Preli. Report

☑ : Final Report

Days Of Repair: 7

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($ _____) ☐ : Interview ($ _____) ☐ : Tech. Insp ($ _____) ☐ : Weekend ($ _____)

Survey Fee: _____

Transportation _____ $ + PS _____ SI

Photos _____

Other: _____

Total _____

Report Format: _____

Lump Sum / E.O.T.: L/S $ 4,400.00