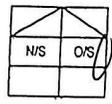


**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s Yes  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 Claims No. \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: SKR 1353A Yr Regn: 01, 15  
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or Wagen  
 Make: Mazda B180 c.c. 1595  
 Colour: M. Gray A/C: Insured / Std / NI / NA  
 Sp. Reading: 68538 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: WDD 24 62422 J 289599  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inop / Jammed / Leaked / Burnt or  
 Brake: Inop / Jammed / Leaked / Burnt or  
 Mod: Nil / S/Rim / STP / R/Rim or  
 Tyre Size: F: 255/35R18  
 R: \_\_\_\_\_

(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: 05 days Res.: Yes or No  
 Lum Sum: 20 % 3 Val.: Yes or No

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Continental  
 Front Rear  
 R/Bal. 7 mm 7 mm  
 L/Bal. 7 mm 7 mm  
 D.O.A. 9/7/20 D.O.I. 14/7/2020  
 Survey held at \_\_\_\_\_

CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or  
O/S body  
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>1</u>	<u>Got injury</u>

Date/Time, File Pass to?  : Prell. Report  
 : Final Report  
 1) \_\_\_\_\_  
 Date/Time, File Return to? \_\_\_\_\_

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trlp: \_\_\_\_\_

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

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

Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 S + FS, SI \_\_\_\_\_  
 F.I. + S \_\_\_\_\_  
 O.P.A.S \_\_\_\_\_  
 TOTAL \_\_\_\_\_