

ASS. REC. BY: Kenneth REF: P021

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

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.

N/S	O/S
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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: S140 230L Yr Regn: 101 15

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

Truck / Trailer or AI

Make: Perault Latitude C.C. 1995

Colour M. White 1A A/C: Insured / Std / NI / NA

Sp. Reading 907325 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1ABL15AUC-282168

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: P215/60R16

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

TOYO / YOKO or

Front R/Bal. 9 mm Rear R/Bal. 9 mm

L/Bal. 9 mm L/Bal. 9 mm

D.O.A. 11/7/20 D.O.I. 14/7/2020

Survey held at _____

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

O/S R

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

Date / Time	Action / Instruction
<u>1</u>	<u>Get injury</u>
<u>11 Day & 1 Food</u>	

Date/Time, File Pass to? ☐ : Prel. Report

1) Date/Time, File Return to? ☐ : Final Report

2) _____

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee: _____

Transportation: _____

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

Report Format : _____

Lump Sum / I.B.I. (\$) _____

TOTAL _____