ASS. REC. BY: Kenneth

REF: FWD / 20007514/Kb

ASSIGNMENT

From: ____ Date: ____

Estimated Cost: ____

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

To Inspect Vehicle No: ____

at Workshop m/s Complete

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: 07 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: SBB 541X Yr Regn: 04, 16

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

Make: Toy Harrier c.c 1986

Colour M. [redacted] purple A/C: Insured / Std / Nl / NA

Sp.Reading 83182 T/Radio: Insured / Std / Nl / NA

Eng/No: ____

C/No: ZSU 60 . 0072718

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: —

R: 235/55R18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or ____

Front		Rear	
R/Bal.	8 mm	R/Bal.	9 mm
L/Bal.	8 mm	L/Bal.	9 mm
D.O.A.	18/7/20	D.O.I.	21/7/2020

Survey held at ____

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or O/S ~~Fa~~ body bulc

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

1) ____

Date/Time, File Return to?

2) ____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: ____

Resurvey No. of Trip: ____

Add Fee: ☐ : Site Insp ($ ____)

☐ : Interview ($ ____)

☐ : Tech Invs ($ ____)

☐ : Weekend ($ ____)

Survey Fee: ____

Transportation: ____ $ - R.S. ____ SI

Photos ____

Others ____

TOTAL ____

Report Format :

Lump Sum / I.B.I: ($ ____)