

ASS. REC. BY: Kenneth REF: CT3/

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
QD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop n/s K 101m Hm
 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.

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 04 days Res.: Yes or No
 Lum Sum: 1.8.1 % 3 Val.: Yes or No

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

Date / Time	Action / Instruction

☐ : Prel. Report
☐ : Final Report

1) _____
 Date/Time, File Return to?

2) _____
 Date/Time, File Return to?

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

Days Of Repair: _____
 Resurvey No. of Trip: _____

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

Survey Fee: _____
 Transportation: _____
 S + R.S. \$ _____
 Fuel \$ _____
 Others _____

TOTAL