ASS. Rec. BY: GQ | REF: CC4/AIG20008167/Gea3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s MOTOR EDGEVANTAGE

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: 5 days Res.: **Yes** or **No**

Lum Sum: 20 % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

Date: Person Contacted:

Veh No: SCL 1952Y Yr Regn: 01 Mar/1996

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

Make: JAGUAR XJ63.2 LWB c.c 3239

Colour Red A/C: **Insured / Std / NI / NA**

Sp.Reading 158069 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: SAJJFAMG3BJ770878 *

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: 225/60R16

R: 225/60R16

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	06-08-2020

Survey held at W/S 3pm

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
	Yes/No BI Involved

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. Insp ($)

☐ : Weekend ($)

Survey Fee:

Transportation: ___S + RS.___SI

Photos

Others

TOTAL

Report Furnished:

Lump Sum / NCB: