

ASS. REC. BY:

REF:

C4/III 20008734/Tibs3.

ASSIGNMENT

CoE: 2030 March

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

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: _____

\$80K

IDAC Accident Rpt: _____

Consistent?: Yes or No

GIA / PR Seen: _____

Consistent?: Yes or No

Est. Repairs: _____

days

Res.: Yes or No

Lum Sum: _____

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: _____

Type: M/Car/

Je / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: _____

Porsche Boxster

c.c

2687

Colour: _____

Silver

A/C: Insured / Std / NI / NA

Sp. Reading: _____

40073

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

WFO 72298715.600433

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: _____

205/55R16

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. _____

mm

R/Bal. _____

mm

L/Bal. _____

mm

L/Bal. _____

mm

D.O.A. _____

D.O.I. _____

21/8/20

Survey held at _____

Guthrie Auto

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

O/S Front

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair: _____

1)

☐

: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐

: Site Insp

(\$

Survey Fee: _____

Transportation: _____

Photos

☐

: Interview

(\$

Date/Time, File Return to?