

ASSIGNMENT

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: _____

N/S	O/S

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: _____ 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: 6BT/594U Yr Regn: 2019 / Jan.
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or Pick Up
 Make: Mit 1200 Double Cab C.C. 2442
 Colour: Silver A/C: Insured / Std / NI / NA
 Sp. Reading: 72114 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: MMCJJKL20KH063099
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / SRim / STD A/Rim or
 Tyre Size: F: 205R16C
 R: 205R16C
BS7DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____

Front		Rear	
R/Bal. <u>06</u>	mm	R/Bal. <u>06</u>	mm
L/Bal. <u>06</u>	mm	L/Bal. <u>06</u>	mm
D.O.A. _____		D.O.I. <u>01/09/20</u>	

*Survey held at Modern

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
	<u>TP Chinn.</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett,</u>

Date/Time. File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time. File Return to?

2)

Report Formed :

Lump Sum / L.P.B.

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

3 + RS. \$

Photos

Other:

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