

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: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

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: SFZ8300Z Reg: 2019, March

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi Q5 C.G. 1984

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading: 21245 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZFYSK2018545

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / SRM / STD A/Rim or

Tyre Size: F: 235/55R19

R: 235/55R19

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

TOYO / YOKO or Continental

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 11/09/20

Survey held at Premier

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

Front 4/s

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

Date / Time Action / Instruction

09 AUG.

\$13,207.36 @ 5 days of repairs.

MV: 1701K

PV: 734K

RED: 11392.64; 46%

Nett: 966K

Date/Time: File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time: File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : Misc (\$

Survey Fee:

Transportation:

\$ + PS \$

Flare

Other:

Report Format:

Long Form / Short Form

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