

CS4/ASM 2006/89/P

ASSIGNMENT

From: _____ Date: _____
 _____ Veh No: IN 38087 Yr Rem: 2013

Estimated Cost: _____

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

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No. SOM02U1Z

Sum Insured:	Excess:
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(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

[illegible]

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs:	days	Res:	Yes or No
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
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97	97	97	97
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	Lum Sum:	%	3 Val:	Yes or No
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CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Date / Time	Action / Instruction
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NV: \$1700.22K

DATE: \$14,579

NL: 8 ~~22~~ 7421

Date/Time, File Pass to?

☐: Prel. Report

: Preil. Report

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Final Report

Date/Time, File Return to?

16/10/20-Typist

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

Site Insp (\$) s + RS. sl

☐ : Interview (\$) () Photos

□

	Tech. Invs (\$	) Others

Weekend (\$)

TOTAL

SCDF \$170

Inv \$500

Report Format: SMART CLAIM

Lump Sum / I.B.I.: (\$