

ASS. REQ. BY:

Steve

REF:

CC4/11120012354/E693

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:

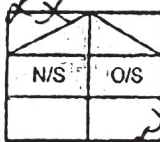
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



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:

SKF 6182G

Yr Regn:

7/11/17

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

Truck / Trailer or

Make:

Jaguar XE

c.c.

1999

Colour:

White

A/C:

Insured / Std / NI / NA

Sp. Reading

71395

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

SAJABAN1JCP29845

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rim or

Tyre Size:

F:

225/45R18

R:

11

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

25/9/20

D.O.I.

28/9/20

Survey held at

Wearnes

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

Frt LH: Rear RH

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

MK-95K

PK-58,358

MK-36,642

Date/Time, File Pass to?



: Prell. Report

1)



: Final Report

Date/Time, File Return to?

2)

Rep. Form:

Lump Sum / L.E.B. C

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL