ASS. REC. BY: Kenneth

REF: AGI

ASSIGNMENT

From: ____ Date: ____

Estimated Cost: ____

CO / TP / WS / TP RES / CD RES / EVA / INV / MV

To Inspect Vehicle No: ____

at Workshop m/s Trans Cab

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 Rport: ____ Consistent? : Yes or No

GIA / PR Seen: ____ Consistent? : Yes or No

Est. Repairs: 2½ days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: ____ Person Contacted: ____ Vehicle: IN / OUT

Veh No: SHO 363L Yr Regn: 05, 16

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

Make: Renault Latitude c.c 1995

Colour M. White / Red A/C: Insured / Std / Nil / NA

Sp.Reading 387182 T/Radio: Insured / Std / Nil / NA

Eng/No: ____

C/No: VF1ABL15AUC 282719

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: 215/60R16

R: ____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Sailun

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	24/9/20	D.O.I.	25/9/2020

Survey held at ____

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

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

Date / Time	Action / Instruction
/	Got BZ
	L/Sum $ 230 of.

Date/Time, File Pass to? ☐ : Prel. Report

1) ____ ☐ : Final Report

Date/Time, File Return to?

2) ____

Days Of Repair: ____

Resurvey No. of Trip: ____

Add Fee: ☐ : Site Insp ($ ____)
☐ : Interview ($ ____)
☐ Tech Invs ($ ____)
☐ Weekend ($ ____)

Survey Fee: ____

Transportation: ____ $ + RS. ____ Sl

Photos ____

Others ____

TOTAL ____

Report Format :

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