

ASS. REG. BY:

REF: PC1/Kenneth

## ASSIGNMENT

From: \_\_\_\_\_

Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OO/TP/VS/TP/RES/OD/RES/LEVA/INV/MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_

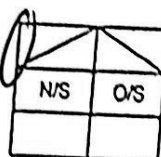
Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

Bal. or Market Value: \$26k

IDAC Accident Rpt: \_\_\_\_\_

Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_

Consistent?: Yes or No

Est. Repairs: 04 days

Res.: Yes or No

Lum Sum: 20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No: YN 4023MYr Regn: 07, 13Type: M.Car / M.Cycle / Bus / Van / Truck / Taxi / Prime Mover /

Truck / Traller or \_\_\_\_\_

Make: Mit Gatec.c. 2974Colour: White

A/C: Insured / Std / NI / NA

Sp. Reading: 341735

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: PE 83BEA 21093Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orMod: Nil / S/Rlm / STD A/Rlm orTyre Size: F: FOUR 16X8R: 185R14X8(D)

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

TOYO / YOKO or Westlake

Front

Rear

R/Bal. 9 mmR/Bal. 22 mmL/Bal. 9 mmL/Bal. 22 mmD.O.A. 24/8/20D.O.I. 13/10/2020

Survey held at \_\_\_\_\_

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

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

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trlp: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + R.S. SI

Fees

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format:

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