

ASS. REC. BY: Steve REF: CS/11120011694/Eaf3

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

Est. Repairs: 3 days Res.: Yes or No
Sum Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____
Vehicle: IN / OUT

Veh No: YAI 5536T Yr Regn: 23/07/2014
Type: M.Car / M.Cycle / Bus / Van / Corr / Taxi / Prime Mover /
Truck / Trailer or
Make: Mitsubishi Canter c.c. 2998
Colour: White A/C: Insured / Std / NI / N
Sp Rending: 157147 T/Radio: Insured / Std / NI / N
Eng/No: _____
C/No: FES21EA9060
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Mod: Nil / S/Rlm / STD / Rlm or
Tyre Size: F: 195R15C
R: 11
BS: DUN EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or 8
Front: _____ Rear: _____
R/Bal. 5 mm R/Bal. 5
L/Bal. 5 mm L/Bal. 5
D.O.A. 5/9/20 Car Pro D.O.I. 16/10/20
Survey held at _____
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Front RH
The U/C / Chassis frame / Body Structure affected due to coll.

Date / Time	Action / Instruction
	<u>Cancel PIM PART value</u>
<u>20/10/20</u>	<u>Steve finalised LS \$4050, 3 days (Red \$7617.55, 65%)</u>

Date/Time, File Pass to? ☐ : Prel. Report
20/10 Typist ☐ : Final Report
Date/Time, File Return to? _____

Pop. Formed: MER-TP
Lump Sum 4050

Days Of Repair: 3
Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)
Survey Fee: _____
Transportation: _____
Photos _____
Others _____
TOTAL _____