

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
QD / 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: 400/-
 (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 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
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Veh No: SM481905 R Regn: 2020 / Augst.
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Audi Q3 C.C. 1395
 Colour: Grey A/C: Insured / Std / NI / NA
 Sp. Reading: 530 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WAU222F33L1111236
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 215/65R17
 R: 215/65R17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Falken
 Front _____ Rear _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 22/10/20
 Survey held at Premium
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Front n/s.
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>OP AIG.</u>
	<u>Part by part \$4 \$3004, 3 days</u> <u>cred: 11.525 : 7490</u>
	<u>MV: 150K</u>
	<u>PV: 59.6K</u>
	<u>Nett: 904K.</u>

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

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

Date/Time, File Return to?

2)

Arbit Fee: ☐ : Site Insp. (\$) ☐
☐ : Interview (\$) ☐
☐ : Tech. Insp. (\$) ☐
☐ : Material (\$) ☐

Survey Fee: _____

Transportation: _____

S + P \$ _____

Phone: _____

Other: _____

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