

ASS. REC. BY:

REF: PO2 / 20011593/ke

Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop m/s City Ave
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: GBD 1537 Yr Regn: 04, 14
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: NIS NV350 c.c. 2488
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 330816 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JNIMC28268 0001821
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Mod: ATP / S/Rlm / STD A/Rlm or _____
 Tyre Size: F: _____
 R: 195R15X8
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Hankook
 Front R/Bal. 7 mm Rear R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 20/10/20 D.O.I. 3/7/2021
 Survey held at _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: 25k

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

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

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

: Prell. Report

Days Of Repair: _____

1) Date/Time, File Return to?

: Final Report

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ \$ - RS. _____ \$

Fuel/Exp

Others

TOTAL

Report Format :

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

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech Invs (\$ _____)
 : Weekend (\$ _____)