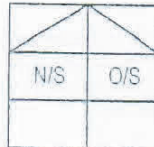


ASSIGNMENT

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.



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: SLR161G Regn: 2017 / July
 Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

Make: Mazda 3 C.C. 1496
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 46208 T/Radio: Insured / Std / NI / NA

Eng/No: _____
 C/No: JM6BN2248H0154469

Gen. Cond: Good Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil S/Rim / STD A/Rim or

Tyre Size: F: 205/60R16
 R: 205/60R16

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

Front	Rear
R/Bal. <u>06</u> mm	R/Bal. <u>06</u> mm
L/Bal. <u>06</u> mm	L/Bal. <u>06</u> mm
D.O.A. _____	D.O.I. <u>10/11/20</u>

Survey held at Comfort Ubi
 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>TP AIG</u>

MV :
 PV :
 Nett :

Date/Time: File Pass to: ☐ : Prel. Report
☐ : Final Report

Date/Time: File Return to: _____

0

Report Formed: _____

Imp. Sum / L. H. B. _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

\$ + \$ = \$ _____

Phone: _____

Notes: _____

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