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

Bal. or Market Value:

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLR161G Yr 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: JM6BN22A8H0154469

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: 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: R/Bal. 06 mm L/Bal. 06 mm

Rear: R/Bal. 06 mm L/Bal. 06 mm

D.O.A. D.O.I. 10/11/20.

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
	17 A16
	MV :
	PV :
	Nett :

Date/Time File Pass to?

1)

Date/Time File Return to?

2)

Report Formed:

Insp. Form/Lt/Inf.:

: Preli. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp. ($

: Interview ($

: Tech. Inv. ($

: Meal and ($

Survey Fee:

Transportation

$+F$ $I

Phone

Other

Total