

08/11/13. wef

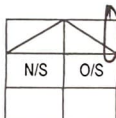
ASS REC. BY: *Marcus*

REF:

CS / C11 20013867/Urf3

ASSIGNMENT

From:	Date:	Veh No:	<i>SLV92884</i>	Yr Regn:	/
Estimated Cost:		Type:	<i>M/Car</i> / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /		
<u>OD / TP</u> WS / TP RES / OD RES / EVA / INV / MV		Truck / Trailer or	<i>CA /</i>		
To Inspect Vehicle No:	<i>SLV 92884</i>	Make:	<i>Jaguar XJ</i>	C.C	
at Workshop m/s	<i>Zoom</i>	Colour:	<i>Grey</i>	A/C:	Insured / Std / NI / NA
of		Sp Reading	<i>34672</i>	T/Radio:	Insured / Std / NI / NA
Insured:	<i>GBB 48325</i>	Eng/No:			
Policy No		C/No:	<i>SAJAC 12M86PW01838</i>		
Claims No.		Gen. Cond:	<i>Good</i> / Fair / Poor / Burnt		
Sum Insured:	Excess:	Steering:	<i>Order</i> / Jammed / Leaked / Burnt or		
(Client's Record)		Brake:	<i>Order</i> / Jammed / Leaked / Burnt or		
Make of Veh:		Modi:	Nil / <i>S/Rim</i> / STD A/Rim or		
(Policy Condition)		Tyre Size:	F: <i>245/45ZR19</i>		
Remark: The veh had commenced its repair at the time of inspection.			R: <i>275/40ZR19</i>		
		BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU	<i>PIRY SUMI</i>		
		TOYO / YOKO or			
Bal. or Market Value:		Front	<i>6</i>	Rear	<i>6</i>
IDAC Accident Report:	Consistent? : Yes or No	R/Bal.	<i>6</i> mm	R/Bal.	<i>6</i> mm
GIA / PR Seen:	Consistent? : Yes or No	L/Bal.	<i>6</i> mm	L/Bal.	<i>6</i> mm
Est. Repairs:	days Res.: Yes or No	D.O.A.	<i>13/12/20</i>	D.O.I.	<i>16/12/20</i>
Lum Sum:	% 3 Val.: Yes or No	Survey held at			
CA / REV / REP. / 24 HRS		Des. of Damages:	Frt / Rear / O/S / N/S / U/C / Rooftop or		
Date:	Person Contacted:		<i>015 Ref.</i>		
		The U/C / Chassis frame / Body Structure affected due to collision.			
Date / Time	Action / Instruction				



Date/Time. File Pass to?

☐

Preli. Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

1)

☐

Final Report

Date/Time. File Return to?

2)

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

) __ \$ + RS __ \$

) Photos

) Others

)

Report Format :

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

TOTAL