

08/11/13 wef

ASS. REC. BY: Marcus

REF: CCG/AIG21000671/UPS3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD (TP) WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: CCG 6760P
 at Workshop m/s: 1.5 3rd
 of _____
 Insured: SM 2 355fy
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: G3G 6760P Yr Regn: 4/10/17
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or 41
 Make: FIAT Doblo cargo maxi 1598
 Colour: white A/C: Insured / Std / NI / NA
 Sp. Reading: 87823 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: 2FA2630000 6H27759
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: N17 S/Rim / STD A/Rim or
 Tyre Size: F: 195/60R216
 R: _____

N/S	O/S

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value: 839
 IDAC Accident Rpt: Consistent? : Yes or No
 GIA / PR Seen: Consistent? : Yes or No
 Est. Repairs: 4 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
196N
 Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Lassa
 Front Rear
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 8/1/21 D.O.I. 14/1/21
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
0/5 fty.
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
LTA 28223
2/1/21 2/5 # 3100 Confirmed with Susan

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to? _____
 2) _____

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

Days Of Repair: _____
 Resurvey No. of Trip: _____
 Survey Fee: _____
 Transportation: _____

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

Photos _____
 Others _____

TOTAL _____