ASS. REC. BY:		REF: SMO / 26011737 / KY

Kenneth

ASSIGNMENT

From: _____

Estimated Cost _____ Date: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____ Team Auto _____

of _____

Insured: _____
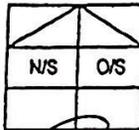
Policy No. _____

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 Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 days   Res.: Yes or No

Lum Sum: _____ %   3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle No: GBK 2801E Yr Regn: 03, 20

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____

Make: NIS NV200   c.c 1597

Colour .Black   A/C: Insured / Std / NI / NA

Sp.Reading 2526   T/Radio: Insured / Std / NI / NA

Eng/No.

C/No: VM20 . 141252

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modl: NIl / S/Rim / STD A/Rim or _____

Tyre Size: F: 165 80 R14
            R: _____

N/S O/S

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	9 mm
L/Bal.	5 mm	L/Bal.	9 mm
D.O.A. 27/10/20		D.O.I. 28/10/2020	

Survey held at _____

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or _____

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
/	PRS No EH
8 3 - 5k	

submit lump sum 5150,5days (red:1950;27%)

check with kenneth,   mv: 63,000(Est)   indicate in report
5 days cos rear panel   lta: 11,489(Est)
NV: 51,511.00

Date/Time, File Pass to? ☐ : Prell. Report   Days Of Repair: 5

1) _____   ☐ : Final Report   Resurvey No. of Trip: _____

Date/Time, File Return to?

2) _____

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

Survey Fee:
Transportation:
___ S + RS.___ SI
Fixed:
Others

Report Format :

Lump Sum / I.B.I: ($

TOTAL

Scanned with CamScanner