

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 11 days Res.: Yes or NoLum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: GBK7523E Reg: 2020 / Nov
 Type: M.Car / M.Cycle / Bus Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____

Make: Nissan NV200 C.C. 1597Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 3162 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VM20161657Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 165/80R14R: 165/80R14BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____

Front

Rear

R/Bal. 06 mmR/Bal. 06 mmL/Bal. 06 mmL/Bal. 06 mmD.O.A. 09/02/2021D.O.I. 10/02/21Survey held at RydesDes. 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

TP Loss Pac 1st Cap.**P/P \$12,436.89 (RED: \$3,936.34 24%)**

MV:

PV:

Nett:

Date/Time. File Pass to?

☐ : Preli. Report

Days Of Repair:

1)

☐ : Final Report

Resurvey No. of Trip:

Date/Time. File Return to?

2)

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Ins. (\$☐ : Meet. (\$

Survey Fee:

\$260.00

Transportation:

\$200.00

S + PS + SI

-

Flare

\$132.00

Other

\$80.00

Total

-

P.T.T.

\$672.00

Report Format:

Long Form / Short