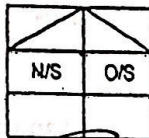


ASS. REC. BY: Kenneth REF: A/G

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s: Trans Cab
 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 Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 1 1/2 days Res.: Yes or No
 Lum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S14D 2274 Yr Regn: 10, 15
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Renault Latitude c.c. 1995
 Colour n. white 1991 A/C: Insured / Std / NI / NA
 Sp. Reading 591986 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: VIF1ABL15AUC 282165
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brakes: Inorder / Jammed / Leaked / Burnt or _____
 Mod: M1 / S/Rim / STD A/Rim or _____
 Tyre Size: F: 215/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Sailun
 Front 9 mm R/Bal. 9 mm
 L/Bal. 9 mm
 D.O.A. 11/3/21 D.O.I. 12/3/2021
 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
<u>1</u>	<u>Got BT</u>
<u>11 Pm @ 7001</u>	

Date/Time, File Pass to? ☐ : Prell. Report

1) ☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Add Fee: ☐ : Site Insp (\$ _____) ☐ : S - RS. SI
☐ : Interview (\$ _____) ☐ : Photos
☐ : Tech Invs (\$ _____) ☐ : Others
☐ : Weekend (\$ _____)

TOTAL

Report Format :

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