

ASS. REC. BY: T. Gough

REF:

CS3 / GRB 21004543 / T1083

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: 895k.

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS

WP' PRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SUMM63607 Regn: 20191 July

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Honda Freed c.c. 1496.

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 97763 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GB7 1098049.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Mod: Nil / STD A/Rim or _____

Tyre Size: F: 185 / 65 R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Kyusho

Front R/Bal. 6 mm Rear R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 9/4/21

Survey held at Apex

Des. of Damages: Front / 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>GIA upload in views.</u>

Date/Time, File Pass to? : Prel. Report : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / L.B.L. / ? _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee:

Transportation:	_____
S + RS	_____ SI
Photos	_____
Others	_____
TOTAL	_____