

## ASSIGNMENT

From:	Date:	Veh No:	SFS8846C	Yr Regn:	/
Estimated Cost:		Type:	M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /		
OD / TP / WS / TP RES / OD RES / EVA / INV / MV		Truck / Trailer or	CA		
To Inspect Vehicle No:	SFS8846C	Make:	Seat	c.c	
at Workshop m/s	Auto hay	Colour:	Silver	A/C:	Insured / Std / NI / NA
of		Sp. Reading	49013	T/Radio:	Insured / Std / NI / NA
Insured:	GBE 845BR	Eng/No:			
Policy No.		C/No:	VSS2225F2JR146391		
Claims No.		Gen. Cond:	Good / Fair / Poor / Burnt		
Sum Insured:	Excess:	Steering:	In order / Jammed / Leaked / Burnt or		
(Client's Record)		Brake:	In order / Jammed / Leaked / Burnt or		
Make of Veh:		Modi:	Nil / S/Rim / STD A/Rim or		
		Tyre Size:	F: 205/55R16		
(Policy Condition)		R:			
Remark: The veh had commenced its repair at the time of inspection.		BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /			
		TOYO / YOKO or			
Bal. or Market Value:		Front		Rear	
IDAC Accident Rpt:	Consistent? : Yes or No	R/Bal.	7 mm	R/Bal.	7 mm
GIA / PR Seen:	Consistent? : Yes or No	L/Bal.	7 mm	L/Bal.	7 mm
Est. Repairs:	days Res.: Yes or No	D.O.A.	30/4/21	D.O.I.	4/5/21
Lum Sum:	% 3 Val.: Yes or No	Survey held at			
CA / REV / REP. / 24 HRS		Des. of Damages:	Frt / Rear / O/S / N/S / U/C / Rooftop or		
Date:	Person Contacted:		Rear O/S.		
			The U/C / Chassis frame / Body Structure affected due to collision.		
Date / Time	Action / Instruction				

10/05/21 informed ERGO, we are pending estimate from repairer.

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

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

) \$ + RS. \$

) Photos

) Others

Report Format :

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

TOTAL