

ASS. REC BY:

REF: AG/210054261Kv

Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OO / TP / AWS / TP RES / OO RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop no's BH
 of _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: GEB 2280k Yr Regn: 101 of
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: MIT CANE cc 2977
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 129583 T/Radio: Insured / Std / NI / NA
 Eng No: _____
4574 DNO: PB 70BBA 10637

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

NS	OS

Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In / Jammed / Leaked / Burnt or _____
 Brake: In / Jammed / Leaked / Burnt or _____
 Mod: M / S / R / m / STD A / R / m or _____
 Tyre Size: F: B.S 195R 15X8
R: mic 205/65R15
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

Est. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 09 days Res.: Yes or No
 Lum Sum: 20 % 3 Val: Yes or No

Front: _____ Rear: _____
 R/Sal: 0 mm R/Sal: 55 mm
 L/Sal: 0 mm L/Sal: 55 mm
 D.O.A: 3/5/21 D.O.I: 5/5/2021
 Survey held at _____

CA / REV / REP. / 24 HRS
 Date: 09'23 Person Contacted: _____ Vehicle: IN / OUT

Des. of Damages: Frt / Rear / O/S / NS / U/C / Rooftop or
O/S/Frt
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
/	

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

Days Of Repair: _____
 Resurvey No. of Trip: _____

- Add Foo: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee: _____
 Transportation: _____
 S - RS: _____
 Fuel: _____
 Others: _____
 TOTAL: _____

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