

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop n/s Everdown Auto
 of _____
 Insured: _____
 Policy No. _____
 Claims No. 20/20/20/VC05/024001
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SIU9577J or Regn: 25 Feb 2010
 Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: KIA Cerato Forte c.c. 1591
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp Reading: 132132 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KNAFW 611MA 5203927
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 215/45R17
 R: 1

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

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.I. 15-12-20
 Survey held at w/s 12:30pm
 Des. of Damages: Front / Rear / O/S / N/S / UIC / Rooftop or

Bal. or Market Value: \$26k
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 4 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>006 : 13854</u>
	<u>\$2000 - \$3000</u>
	<u>Submit PRS.</u>
<u>14/06/21</u>	<u>Submit LS \$2600, 4 days. (Red \$900, 26%)</u>

Date/Time. File Pass to? : Preli. Report
 : Final Report
 1) 14/06 Typist
 Date/Time. File Return to?

Days Of Repair: 4
 Resurvey No. of Trip: _____

Add Fee: Site Insp (\$)
 Interview (\$)
 Tech. Insp (\$)
 Wash (\$)

Survey Fee:	
Transportation:	
\$ + RS: \$	
Fuel:	
Other:	

Report Fee: TP
 Total Amount: 2600