ASSIGNMENT

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

At Workshop m/s:

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Consistent? : Yes or No

Consistent? : Yes or No

days Res.: Yes or No

% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLN 7013B. 2017 May.

Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Audi A4 cc 1395

Colour: Grey. A/C: Insured / ... / NI / NA

Sp.Reading: 55625 T/R: Insured / ... / NI / NA

Eng/No:

C/No: WAUZZZF40HA135400

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt

Brake: (Inorder) / Jammed / Leaked / Burnt

Modi: Nil / (S/Rim) / STD A/Rim or

Tyre Size: F: 205/60R16.

R: 205/60R16.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Continental

Front		Rear	
R/Bal.	06 mm	R/B.	06 mm
L/Bal.	06 mm	L/B.	06 mm
D.O.A.		D.O.	27/07/21.

Survey held at Premium

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop
Front O/S.

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP A16
	MV :
	PV :
	Nett :

: Preli. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Add Fee: : Site Insp ($

: Interview ($

: Tech. Insp ($

: Weekend ($