

ASS. REC. BY: Tough

REF: CS3/LPC 21005988/T19c

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop no: _____

of _____

Insured: _____

Policy No: _____

Claims No: 21/21/21/VC00/024578

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
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 9 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS WP - PRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMT9696Z Yr Regn: 06/09/2011

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime over / Truck / Trailer or

Make: Mercedes Benz 1597

Colour: Grey A/C: Insure Std / NI / NA

Sp. Reading: 139639 T/Radio: Insurec / Std / NI / NA

Eng/No: _____

C/No: WDD 204 045 219 5858 21

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 235/40R18
R: _____

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

Front	Rear
R/Bal. <u>6</u> mm	R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>6</u> mm
D.O.A. _____	D.O.I. <u>19/5/21 @ 2pm</u>

Survey held at Garage 13

Des. of Damages: Frt / Res / O/S / N/S / U/C / Foottop or

The U/C / Chassis frame / Body Structure damaged due to collision

Date / Time	Action / Instruction
	<u>w/s will pass GIA later.</u>
<u>21/05/21</u>	<u>Submit PRS.</u>
<u>10/09/21</u>	<u>Submit LS \$9800, 9 days (Red \$2700, 22%)</u>

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

10/09 Typist : Final Report

Date/Time, File Return to? _____

2) _____

Report Format: TP

Lump Sum / 9800

Days Of Repair: 9

Resurvey No. of Trip: _____

Site Insp (\$ _____)	Survey Fee Transportation S-R Phone Other Total
Interview (\$ _____)	
Tech. Invs (\$ _____)	
Weekend (\$ _____)	