ASS. REC. BY: Steve ... CS/AWA 21099014/RIVf3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

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

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJW 9199L Yr Regn: 1/2/10

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

Make: Honda Stream c.c 1799

Colour Gry A/C: Insured / Std / Nil / N

Sp.Reading 108292 T/Radio: Insured / Std / Nil / N

Eng/No:

C/No: JHMRN 68899C 200458

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Locked / Burnt or

Brake: Inorder / Jammed / Locked / Burnt or

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

Tyre Size: F: 205/55R16

R: "

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

Front			Rear		
R/Bal.	5	mm	R/Bal.	5	mm
U/Bal.	5	mm	U/Bal.	5	mm
D.O.A.	17/8/21		D.O.I.	30/8/21	

Survey held at RIS Automobiles

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

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

Date / Time	Action / Instruction
	MV - OIR

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

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: : Site Insp ($) __S • RS. __SI

: Interview ($) Photos

: Tech. Inve ($) Others

: Weekend ($)

TOTAL

Special/Format:

Lump Sum / I.D.I. Ce