

ASSIGNMENT

From: Date: Veh No: GBC92254
Estimated Cost: Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or Van
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: GBC 92254
at Workshop m/s: /ins 3rd
of: GBC 824A
Insured: GBC 824A
Policy No.
Claims No.
Sum Insured: Excess:
(Client's Record)
Make of Veh:

Yr Regn: 26/2/14
Make: FIAT Doblo cargo cc 1598
Colour: White A/C: Insured / Std / NI / NA
Sp. Reading: 231517 T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: ZFA2630000 610 6146
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: 195/60R16
R:

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

N/S	O/S

Bal. or Market Value: \$ 20k.
IDAC Accident Rport: Consistent?: Yes or No
GIA / PR Seen: Consistent?: Yes or No
Est. Repairs: 8 days Res.: Yes or No
Lum Sum: 20 % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: Person Contacted: Vehicle: IN / OUT
L7A 13355

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Nexen
Front 6 Rear 6
R/Bal. mm R/Bal. mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. 20/9/21 D.O.I. 22/9/21
Survey held at
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
4/10/21 1/3 @ 5300 confirmed with Susan.

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

Days Of Repair:
Resurvey No. of Trip:

1) Date/Time, File Return to?
2)

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech Invs (\$)
 : Weekend (\$)

Survey Fee:
Transportation:
) __S + RS__SI
) Photos
) Others
)

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

TOTAL