

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SJT34629
 at Workshop m/s: 3hw
 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

Veh No: SJT34629 Yr Regn: 02/10/09
 Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Movel /
 Truck / Trailer or CA1
 Make: KIA cerato forte c.c. 1591
 Colour: blue A/C: Insured / Std / NI / NA
 Sp. Reading: 164116 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KNAFW411MA51K2639
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / 6/Rim / STD A/Rim or
 Tyre Size: F: 215/45R17
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MT / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front R/Bal. 6 mm Rear R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 25/10/21 D.O.I. 27/10/21
 Survey held at _____
 Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or
O/S Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

CA / REV / REP. / 24 HRS

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

Date / Time Action / Instruction

MUC Ajax covered 30-9-2024

11/11 4/5 @ 1600 confirmed with Kenny red: 1680.10;51%

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

1) Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee: : Site Insp (\$)) S + RS, SI
 : Interview (\$)) Photos
 : Tech. Invs (\$)) Others
 : Weekend (\$))

Survey Fee:

Transportation:

TOTAL

120
50
50
30
80
340