

ASS. REC. BY:

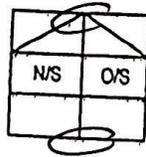
REF: CTII

Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 To Inspect Vehicle No: _____
 at Workshop m/s Trans Cab
 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.
 Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 04 days Res.: Yes or No
 Lum Sum: 1.3.1 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT



Veh No: SMX 6857A Yr Regn: 01, 21
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or (A)
 Make: Toy Puv c.c. 1780
 Colour: M. Blue AC: Insured / Std / NI / NA
 Sp. Reading: 85272 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTDKBB3FU 703091426
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: NII / S/Rlm / STD A/Rlm or
 Tyre Size: F: Sailun 195/65R15
 R: Dun
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front R/Bal. 9 mm Rear R/Bal. 3 mm
 L/Bal. 9 mm L/Bal. 3 mm
 D.O.A. 3/11/21 D.O.I. 22/11/2021
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
2.177
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to? : Prell. Report
 : Final Report
 1) _____
 Date/Time, File Return to?

Days Of Repair: _____
 Resurvey No. of Trlp: _____

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

Survey Fee:

Transportation	_____
S - RS	_____
Expenses	_____
Others	_____
TOTAL	_____

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