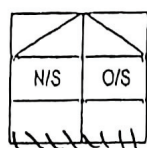


# ASSIGNMENT

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.



Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 3 days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SH77403 Yr Rogn: 13/10/116  
 Type: M.Car / M.Cycle / Bus / Van / ☒ Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Hyundai 140 c.c. 1685  
 Colour: blue A/C: Insured / Std / NI / NA  
 Sp. Reading: 656892 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: hm+LB4umou093754  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brako: In order / Jammed / Leaked / Burnt or  
 Mod: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 195/65R15  
 R: 195/65R15  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Westlake  
 Front \_\_\_\_\_ Rear \_\_\_\_\_  
 R/Bal. 5 mm R/Bal. 5 mm  
 L/Bal. 5 mm L/Bal. 5 mm  
 D.O.A. 8/12/21 D.O.I. 9/12/21 1600  
 Survey held at CDGE  
 Des. of Damages: Front / Rear / O/S / N/S / U/C / Roof/Top or  
 The U/C / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction |
|-------------|----------------------|
|             | NO GTH given         |
|             |                      |
|             |                      |
|             |                      |
|             |                      |
|             |                      |
|             |                      |
|             |                      |
|             |                      |
|             |                      |

Date/Time File Pass to?

☐ : Prelim. Report  
☐ : Final Report

1)

Date/Time File Return to?

2)

Report Form:

12/11/11

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$)  
☐ : Interview (\$)  
☐ : Tech. Insp (\$)  
☐ : V/A & S/A (\$)

Survey Fee:

Transportation:

\$ + P.S. \$

Fuel

Other

Total