ASSIGNMENT

From: _____ Date: _____	Veh No: **SLK460E** Yr Regn: **2015 / Oct.**
Estimated Cost: _____	Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or _____
To Inspect Vehicle No: _____	Make: **Toyota Harrier.** c.c **1986**
at Workshop m/s _____	Colour **Black** A/C: Insured / Std / NI / NA
of _____	Sp.Reading **143580** T/Radio: Insured / Std / NI / NA
Insured: _____	Eng/No: _____
Policy No. _____	C/No: **ZSU600056717** *
Claims No. _____	Gen. Cond (Good) / Fair / Poor / Burnt
Sum Insured: ___ Excess: ___	Steering: (Inorder) / Jammed / Leaked / Burnt or
(Client's Record)	Brake: (Inorder) / Jammed / Leaked / Burnt or
Make of Veh: _____	Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: **255/50R19.**
R: **255/50R19**

Remark: The veh had commenced its
repair at the time of inspection.

	N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or **Hankook.**

Bal. or Market Value: _____	**Front**		**Rear**	
IDAC Accident Rport: ___ Consistent? : Yes or No	R/Bal. **06** mm		R/Bal. **06** mm	
GIA / PR Seen: ___ Consistent? : Yes or No	L/Bal. **06** mm		L/Bal. **06** mm	
Est. Repairs: ___ days Res.: Yes or No	D.O.A. ___		D.O.I. **30/12/21**	
Lum Sum: ___ % 3 Val.: Yes or No				

Survey held at **Zero Gravity.**

CA / REV / REP. / 24 HRS

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
F. 21t N/S.

Vehicle: IN / OUT

Date: ___ Person Contacted: ___

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

Date / Time	Action / Instruction
	TP A/6.
	MV :
	PV :
	Nett :

Date/Time, File Pass to? [ ] : Preli. Report   Days Of Repair: _____

1)
Date/Time, File Return to? [ ] : Final Report   Resurvey No. of Trip: ___

2)

Survey Fee: [ ]
Transportation:

Add Fee: [ ] : Site Insp (S ___) ___ S + RS. ___ SI
[ ] : Interview (S ___) Photos
[ ] : Terr. Insp (S ___) Others

Report Format :
Lump Sum / E.B.J :