

ASS. REC. BY:

REF:

GRB/220001761K9

Kerath

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OO/TP/WS/TP RES/OO 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: _____

GIA / PR Seen: _____

Est. Repairs: _____

Lum Sum: _____

Consistent?: Yes or No

Consistent?: Yes or No

Res.: Yes or No

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

Tgillat jammed

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ - RS. SI

: Fix

: Others

TOTAL

Report Format :

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