

REC BY:

Theran

DATE:

ching

CC3/CTI 2200 792/UP93

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:

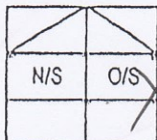
Excess:

(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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4

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:

SHD306SC

Yr Regn:

28/4/116

Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Taxi / Prime Mover /

Truck / Trailer or

Make:

Hyundai 140

c.c 1685

Colour

blue

A/C: Insured / Std / NI / NA

Sp. Reading

865756

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMH13114m64087904

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / ☒ SKRM / STD A/Rlm or

Tyre Size:

F:

206/60R16

R:

206/60R16

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.

20/1/22

D.O.I.

21/1/22 1630

Survey held at

COFE

Des. of Damages: Frt / Rear / ☒ NIS / UIC / Rooftop cr

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

No GIA Given

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Wash end (\$

\$ + RS. \$

Finans

Cost

10131

Report Form:

Long Form / L.B. 12