

C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost:

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s Tia Hua

of 012

Insured: Sam 82614

Policy No.

Claims No. _____

Sum Insured: _____ Express: _____

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT _____

Vehicle: IN / OUT

Date / Time	Action / Instruction
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Action / Instruction

1 GIA & EM not ready

3/3 83577.75 Cerk

Date/Time, File Pass to?

☐: Prell. Report

13

Date/Time, File Return to?

☐: Final Report

27

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

	Tech Invs (\$
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Weekend (\$)	Weekend (\$)
10	10
20	20
30	30
40	40
50	50
60	60
70	70
80	80
90	90
100	100

Survey Fee:

Transportation:

For:

Others

TOTAL