

ASS. REQ. BY:

REF:

ASM/ 2200 4351/KP

Kenneth

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:

days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

GIA & EH not ready

to/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

to/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Fines

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

ort Format :

Sum / I.B.I: (\$