

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: 25,000.00
 (Client's Record)
 Make of Veh: _____

Veh No: SDR 4J Yr Regn: 17/9/21
 Type: M.Gar / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Ferrari F8 Tribute c.c. 3902
 Colour: Grey A/C: Insured / Std / NI / NA
 Sp. Reading: 2601 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: 2FF92LMC000768636
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 245/35ZR20
 R: 11

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 30 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front Rear
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 11/5/22 D.O.I. 26/5/22
 Survey held at Ital Auto
 Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or _____
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>MV-1,298,000</u>
	Confirm final fig \$186,283.89 before excess \$25,000.00 & GST and 30 repair days. (red: \$70128.88, \$27%)

Date/Time, File Pass to? : Prell. Report
 : Final Report
 1) 03/08/22
 Date/Time, File Return to?
 2) _____
 Report Format: OD
 Lump Sum / I.B.J. (\$) 186,283.89

Days Of Repair: 30
 Resurvey No. of Trip: _____
 Add Fee: : Site Insp (\$) _____
 : Interview (\$) _____
 : Tech. Invs (\$) _____
 : Weekend (\$) _____
 Survey Fee: _____
 Transportation: _____
 \$ + RS. \$ _____
 Photos _____
 Others _____
 TOTAL _____