

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: _____

N/S	O/S

(Policy Condition)

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

Bel. or Market Value: _____
 IDAC Accident Report _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLN 754S Yr Regn: 21/07/17
 Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Volvo c.c. 1698
 Colour: Silver A/C: Insured / Std / NI / NA
 Sp. Reading: 13476 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: VIMV781 OH 2498934
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 205/55R16
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front Rear
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 3/6/17 D.O.I. 15/11/17
 Survey held at Wearnes
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Front LH
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>NY-75K</u>
<u>24/08/2017</u>	<u>Finalise \$7,182.84 ; 5 days (Red \$3,519.26 / 33%)</u>

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

1) _____
 Date/Time, File Return to?

2) _____

Repair Format: _____

Lump Sum / I.B.E. (%) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$1

Phone

Others

TOTAL