Ass. Rec. By: REF:

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)

N/S	O/S

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

Bal. or Market Value:

IDAC Accident Rport: 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: SMT9578G Yr Regn: 2019 / Sept

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Skoda Kodiaq c.c 1395

Colour Grey A/C: Insured / Std / NI / NA

Sp.Reading 156849 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: TMBKC9NS7K8062594.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 255/45R20

R: 255/45R20

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Falken.

Front			Rear		
R/Bal.	06	mm	R/Bal.	06	mm
L/Bal.	06	mm	L/Bal.	06	mm
D.O.A.			D.O.I.	04/07/22.	

Survey held at Cosmic.

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP A19.
	MV :
	PV :
	Nett :
	846E.

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

Survey Fee:

Transportation:

Photos

Other: