

ASS. REC. BY: Steve

ASSIGNMENT

Front: _____ Date: _____
Estimated Cost: _____
 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: _____

Veh No: SLN 94 Yr Regn: 5/2/21
Type: M.Cap / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Ferrari F8 Spider c.c. 3902
Colour: Blue A/C: Insured / Std / NI / NA
Sp. Reading: N/A T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: ZFF93LMC00026.212a
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or _____
Brake: Inorder / Jammed / Leaked / Burnt or _____
Mod: Nil / SRM / STD A/Rlm or _____
Tyre Size: F: 245/35ZR20
R: 11

(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: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____
Vehicle: IN / OUT

N/S	O/S
-----	-----

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____
Front R/Bal. 5 mm Rear R/Bal. 5 mm
L/Bal. 5 mm L/Bal. 5 mm
D.O.A. 7/5/22 D.O.I. 15/7/22
Survey held at Ital Auto
Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or _____
The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time	Action/Instruction
	NY - 1156.000
	PV - 576,732
	NY - 693,768

Beyond economical repair Total loss

Date/Time, File Pass to? : Prell. Report
 : Final Report

Days Of Repair: _____
Resurvey No. of Trip: _____

Date/Time, File Return to?
1) _____
2) _____

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

Survey Fee:	
Transportation:	
\$ + RS. \$1	
Photos	
Others	
TOTAL	

Report Format: _____
Lump Sum / L.B.A. (\$) _____