

A.S.S. REC BY: Taujiri

REF: CS3/ASM 22006881/Tcy3.

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / IS / 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: _____

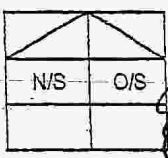
Veh No: SM Q 262S. Yr Regn: 2d9, Oct.
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____

Make: Jaguar XE 2.0 C.C. 1998
Colour: White A/C: Insured / Std / NI / NA
Sp. Reading: 44501 T/Radio: Insured / Std / NI / NA

Eng/No: _____
C/No: SAJA B4A X5 KCPS1020
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: 225/45 R18
R: 7
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____



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

Bal. or Market Value: 9130K
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

Front: _____ Rear: _____
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. _____ D.O.I. 21/7/22 03pm

CA / REV / REP. / 24 HRS WP' PMS'
Date: _____ Person Contacted: _____
Vehicle: IN / OUT

Survey held at Ganaye 13
Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
o/s Rear
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>Repair Range: \$5000 - \$7000, Delays.</u>

Date/Time, File Pass to? ☐ : Prell. Report
1) ☐ : Final Report
Date/Time, File Return to?

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

2) _____
Report Format: _____
Lump Sum / F.B.k: ()

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

Survey Fee:	
Transportation:	
S + RS. SI	
Photos	
Others	
TOTAL	