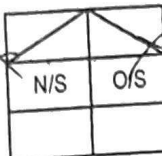


ASSIGNMENT

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)

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: 7 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: SWP8533M Yr Regn: 1
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Suzuki Swift Sport C.C. _____
 Colour: blue W/C: Insured / Std / NI / NA
 Sp. Reading: 67304 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: 2C33S118621
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 205/50R16
 R: 205/50R16
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front _____ Rear _____
 R/Bal. 8 mm R/Bal. 8 mm
 L/Bal. 8 mm L/Bal. _____ mm
 D.O.A. 23/7/22 D.O.I. 26/8/22 1700
 Survey held at GB
 Des. of Damages: Frt / Rear / N/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

nu:
 rebate:
 nu:
 rr: 8h-9h
 no GEA

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1) Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I: (\$)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

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

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL