

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SLF1508C
 at Workshop m/s Falcon Air Tempus
 of _____
 Insured: SMS9613T
 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.

N/S	O/S

Bal. or Market Value: \$51k.
 IDAC Accident Rpt: Consistent? : Yes or No
 GIA / PR Seen: Consistent? : Yes or No
 Est. Repairs: 5 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: LIA 28997Date / Time Action / Instruction Rep 11k.

Veh No: SLF1508C Yr Regn: 16/08/16
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Jazz C.C. 1498
 Colour: white A/C: Insured / Std / NI / NA
 Sp. Reading: 87533 T/Radio: Insured / Std / NI / NA
 Eng/No: _____

C/No: JHMGK5850HX200301
 Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/45ZR16
 R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front 6 mm Rear 6 mm
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 18/08/22 D.O.I. 22/08/22

Survey held at _____

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, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$

) S + RS, SI

☐ : Interview (\$

) Photos

☐ : Tech. Invs (\$

) Others

☐ : Weekend (\$

)

Report Format :

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

TOTAL

2/9/22 4/5 \$4100 informed Joshua