

Ass. Fed. BN:

REF:

CS/MSG22008843/AGny3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / T / 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: SKV 7401J Yr Regn: 2015 Sept.
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Mazda 5 c.c. 1998
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 173777 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JM6CW1071G01 22295
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 205/55 R16
 R: 205/55R16
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front _____ Rear _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 08/09/22
 *Survey held at Mirage
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or _____
 The U/C / Chassis frame / Body Structure affected due to collision.

N/S	O/S

(Policy Condition)
 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: 4 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Date / Time	Action / Instruction
	<u>TP MS16</u>
	Adrian confirmed lump sum: \$3200 and 4 days
	<u>MV : (red, \$5643.76,64%)</u>
	<u>PV :</u>
	<u>Nett :</u>
	<u>2266</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) 22/12/22

Days Of Repair: 4
 Resurvey No. of Trip: 1

Survey Fee:	
Transportation:	
S + PS: \$	
Photos	
Others	

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

Report Format: TP