

ASS. REC BY: Touffin

REF: CSS/ASM 220/2623/TWC

ASSIGNMENT

2027 June
2007 June

From: _____ Date: _____
Estimated Cost: _____
OD / TP / VS / 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: YM 6453Y Yr Regn: _____
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: 13431 NPR 85L44Y C.C. 2999
Colour: White A/C: Insured / Std / NI / NA
Sp. Reading: 656688 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: 80AANPR 85L 77/4859
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: 7.00/R16
R: 1 1 (D)
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Triangle
Front: _____ Rear: _____
R/Bal. 8 mm R/Bal. 8/8 mm
L/Bal. 8 mm L/Bal. 8/8 mm
D.O.A. _____ D.O.I. 27/10/22
Survey held at Cosmopolitan
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S Rear
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: \$58K
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 wp' PPS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
	<u>Repair Range: \$8,000 - \$10,000</u>
	<u>10 days.</u>

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

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

Date/Time, File Return to?
2) _____

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

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

Report Format: _____
Lump Sum / I.B.A. / _____