

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SMW 1833G
 at Workshop m/s: R.
 of _____
 Insured: G3E 42312
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Ⓟ	
N/S	O/S

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value: \$95k.
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 2 days Res.: Yes or No
 Lum Sum: 1.3-1 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: L7A 44498
 Vehicle: IN / OUT

Veh No: SMW1833G Yr Regn: 06/11/20
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or CA7
 Make: Honda city RS c.c 1498
 Colour: Silver A/C: Insured / Std / NI / NA
 Sp. Reading: 92396 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: MRHGN2690MT000023
 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: 185/55R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front 6 mm Rear 6 mm
 R/Bal. mm R/Bal. mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 01/11/22 D.O.I. 02/11/22
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 R.
 The U/C / Chassis frame / Body Structure affected due to collision.

12/11/22
 have video of R/L side license plate only
 video at 19 sec you see
 p/p & 540 in hand Alan.

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: _____

Survey Fee: _____

Transportation: _____

Add Fee: : Site Insp (\$ _____)) S + RS, SI
 : Interview (\$ _____)) Photos
 : Tech. Invs (\$ _____)) Others
 : Weekend (\$ _____))

TOTAL _____