

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 QD TP / S / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s: **WEARNES AUTO**
 of _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: **SMQ3818U** Yr Regn: **24 Oct/2019**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **VOLVO S90 T5 MOMENTUM** c.c. **1969**
 Colour: **Black** A/C: **Insured / Std / NI / NA**
 Sp. Reading: **64399** T/Radio: **Insured / Std / NI / NA**
 Eng/No: _____
 C/No: **LVYPS10ADLP078996** *
 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 _____

(Policy Condition)
 Remark: **The veh had commenced its repair at the time of inspection.**

N/S	O/S

Bal. or Market Value: **\$160k**
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: **3** days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Tyre Size: F: **245/45R18**
 R: **//**
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____

<u>Front</u>	<u>Rear</u>
R/Bal. 6 mm	R/Bal. 6 mm
L/Bal. 6 mm	L/Bal. 6 mm
D.O.A. -	D.O.I. 04-11-2022

 Survey held at **OWNER PLACE 5PM**
 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	Action / Instruction
	no incident report
10/11/22	Submit preli report-revised fig \$4425.70 check items \$2619.20

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

Days Of Repair: **3**
 Resurvey No. of Trip: _____

refer SRF

1) _____
 Date/Time, File Return to?
 2) **10/11/22-typist**

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

Survey Fee:	
Transportation:	
_____ 3 + RS. _____ SI	
Photos	
Other:	
TOTAL	

Report Filed: _____
 Long Copy / MP: _____