

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SMW884M
 at Workshop m/s Lt 1/2
 of 64/1588A
 Insured: _____
 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: \$170k.
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 3 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS 673f
 Date: _____ Person Contacted: LTAS64472
 Vehicle: IN / OUT

Veh No: SMW884M Yr Regn: 13/10/20
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or CA/
 Make: Audi A5 sportback 1984
 Colour: Green A/C: Insured / Std / NI / NA
 Sp. Reading: 46848 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WNAUZZZFSXMA000508
 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: 245/40R18
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU PIR / SUMI /
 TOYO / YOKO or
 Front 7 mm Rear 7 mm
 R/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 14/11/22 D.O.I. 16/11/22
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S R.f.
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction 24/11/22

24/11/22 4/5 \$6600 in Road Acc. @ 03 Days (Red \$14,723.00/69%)

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

Days Of Repair:
 Resurvey No. of Trip:

Date/Time, File Return to?
 1)
 2)

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

Report Format :
 Lump Sum / I.B.I: (\$)

Survey Fee:	11 x 25 = 275
Transportation:	250 + 275
) S + RS, SI	60
) Photos	80 + 80
) Others	64
TOTAL	580
	809