

ASS. RES. U.B.I. T. guy

REF:

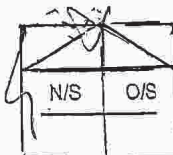
055/CT122012098/tp3.

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Insp. ed Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 5 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

WP PRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: 54J2517 Yr Regn: 1
 Type: M.Car / M / Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Flender Dash. C.C. _____
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 23482 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: _____
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: N / S/Rim / STD A/Rim or _____
 Tyre Size: F: 20/90R17
 R: 20/90R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

Front Rear
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. _____ mm L/Bal. _____ mm
 D.O.A. _____ D.O.I. 5/12/2201230

Survey held at orig. master
 Des. of Damages Ft / Rear / O/S / NS / WC / Rooftop or _____

The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time	Action / Instruction
	<u>Repair Range: \$3000 - \$4000, 5 days</u>
	<u>NO LOG CARD.</u>
	<u>13/03/23 submit prs / repair range: \$3k-\$4k and 5 days</u>

Date/Time, File Pass to?

☐ : Preli. Report

1) 13/03/23

☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: prs

Lump Sum / L.B. / P. _____

Days Of Repair: 5

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. SI. _____

Photos _____

Others _____

TOTAL