

REC BY: Tuffin

REF: 033 / CA12201247/Tup3

ASSIGNMENT

From: _____ Date: _____
 Estimated cost: _____
 OD / CP / VS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop no: _____
 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: \$105K
 IDAC Accident Report Consistent? : Yes or No
 GIA / PR Seat Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Turn Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS WP' PPS'
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

<input checked="" type="checkbox"/>	
N/S	O/S

Veh No: 6B59949C Yr Regn: 2019 / Nov
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or Pick-up
 Make: Mitsubishi L200 D/Cab. cc 2442
 Colour: Silver A/C: Insured / Std / NI / NA
 Sp. Reading: 229748 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: MMCJYKLL10KH015303
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Mod: GT / S/Rim / STD A/Rim or
 Tyre Size: F: 205 / R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO, or
 Front Rear
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.L. 14/12/22 017pm
 Survey held at Yap Motor
 Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
Fnt MS
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Repair Range: \$4,000-95,000 & 5 days.

Date/Time, File Pass to? : Prel. Report
 : Final Report
 1) _____
 Date/Time, File Return to? _____
 2) _____
 Days Of Repair: _____
 Resurvey No. of Trip: _____
 Survey Fee: _____
 Transportation: _____
 Add Fee: : Site Insp (\$) _____
 : Interview (\$) _____
 : Test Drive (\$) _____