

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OO / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: YN 4692G

at Workshop m/s

of

Insured: XE 2533

Policy No. _____

Claims No. _____

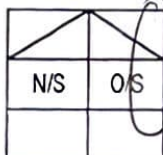
Sum Insured: _____

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: \$20k.

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

C196x

Vehicle: IN / OUT

Date: _____ Person Contacted: L7A54410

Veh No: YN 4692G Yr Regn: 02/01/14

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or C/M

Make: M. T. Conter FEB24 2998

Colour: white A/C: Insured / Std / NI / NA

Sp. Reading: 292915 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FEB24/EA-0015-9

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: 195/85-15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm

R/Bal. 6/6 mm

L/Bal. 6 mm

L/Bal. 8/6 mm

D.O.A. 10/11/22

D.O.I. 21/2/23

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

O/S Body

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

Date / Time

Action / Instruction

Day 16h.

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ Site Insp (\$ _____)

S + RS \$ _____

☐ Interview (\$ _____)

Photos

☐ Tech. Invs (\$ _____)

Others

☐ Weekend (\$ _____)

TOTAL

Report Format: _____

Lump Sum / I.B.I: (\$ _____)