

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: *SKX7537R*at Workshop m/s *Zoom*

of

Insured: *SLC 4297B*

Policy No. _____

Claims No. _____

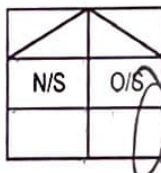
Sum Insured: _____

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 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: *SKX7537R* Yr Regn: *1*Type: *M. Car* / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or *NA*Make: *Egypte con 110 AHS c.c*Colour: *Blue*Sp. Reading: *134474*

Eng/No: _____

C/No: *MR053REH 104537305*Gen. Cond: *Good* / Fair / Poor / BurntSteering: *In order* / Jammed / Leaked / Burnt orBrake: *In order* / Jammed / Leaked / Burnt orModi: *Nil* / S/Rim / STD A/Rim orTyre Size: F: *205/55-R16*

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU *(PIR)* SUMI /

TOYO / YOKO or

Front

R/Bal. *6* mmL/Bal. *6* mm

D.O.A. _____

Rear

R/Bal. *6* mmL/Bal. *6* mmD.O.I. *28/12/22*

Survey held at _____

Des. of Damages: *Frt* / Rear / O/S / N/S / U/C / Rooftop orThe *U/C* / Chassis frame / Body Structure affected due to collision.

Date / Time _____ Action / Instruction _____

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 ☐ SI☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

) TOTAL

Report Format : _____

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

TOTAL