

ASS. REC BY: T. J. M.

REF: CS3/LPC 23000/98/TV 3

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / VS / TP RES / OD RES / EVA / INV / MV
To Inspect 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.

N/S	O/S

Bal. or Market Value: 877R
IDAC Accident Report: _____ 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 WP - PKS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SKB 72384 Yr Regn: 2010 Oct
Type: C Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Mercedes Benz C180K C.C. 1597
Colour: Black A/C: Insured / Std / NI / NA
Sp. Reading: 154589 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: WDD 2040 432 4-426247
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or _____
Brake: Inorder / Jammed / Leaked / Burnt or _____
Modi: Nil / S/Rim / STD A/Rim or _____
Tyre Size: F: 225/45 R18
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Falken
Front: 6 mm Rear: 6 mm
R/Bal. _____ mm L/Bal. _____ mm
L/Bal. 6 mm D.O.A. 10/1/230330pm
Survey held at FDK Auto
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S Frt
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to? ☐ : Prel. Report
1) ☐ : Final Report
Date/Time, File Return to?

2) _____

Rep. Format : _____
Lump Sum / L.B.H. (P) _____

Days Of Repair: _____
Resurvey No. of Trip: _____

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

Survey Fee:	
Transportation:	
Photos:	
Other:	