REC BY: Toufik | REF: CS/U01/23000651/Tuyg

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / PS / 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: _____

IDA.C Accident Report _____ Consistent? : Yes or No

GIA / PR Seen _____ Consistent? : Yes or No

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

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: Thomas

Veh No: SG1840Z Yr Regn: 2019 / Aug

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: MAN A22 c.c 10518

Colour Green A/C: Insured / Std / Nil / NA

Sp.Reading — T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: WMAA22ZZ1JF007617

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: 275/70R22.5

R: ^ ~

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / DHTSU / PIR / SUMI / TOYO / YOKO or Firenza

Front		Rear	
R/Bal.	8 mm	R/Bal.	8/8 mm
L/Bal.	8 mm	L/Bal.	8/8 mm
D.O.A.		D.O.I.	26/1/23

Survey held at Lox fresh

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to? 1) _____

Date/Time, File Return to? 2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Insp ($ _____)

Survey Fee:

Transportation:

S + PS $

Police

Other