

AE/S. REC: BY: Toujy M REF: CS3/SUR 22011728/TJS Tny3-1

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimate of cost: \_\_\_\_\_  
 CD / 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: \_\_\_\_\_

Veh No: SLA8177 E Yr Regn: 2016 / March  
 Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Jaguar XJ c.c. 1999  
 Colour: Meridian A/C: Insured / Std / NI / NA  
 Sp. Reading: 95559 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: SAJUC12M5G1PV93925  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Modi: NI / S/Rim / STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 245/45R19  
 R: \_\_\_\_\_

(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.

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

Bal. or Market Value: 4144K.  
 IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 6 days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS WP' PRS'  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
 Vehicle: IN / OUT

BS / DUN / EXNOVA / SY-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.I. 27/11/22 E 445  
 Survey held at RS Garage  
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or \_\_\_\_\_  
 The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time	Action / Instruction
	<del>Report Range: \$6000 - \$7200</del>
10/02/23	submit lump sum: \$10500 and 6 days (red, \$5150, 33%)

Date/Time, File Pass to?  : Preli. Report  : Final Report

1) 10/02/23

Date/Time, File Return to? 2) \_\_\_\_\_

Days Of Repair: 6

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  : Interview (\$ \_\_\_\_\_)  : Tech. Invs (\$ \_\_\_\_\_)  : Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 S + RS: \_\_\_\_\_  
 Photos: \_\_\_\_\_  
 Others: \_\_\_\_\_

Report Form: \_\_\_\_\_  
 Lum Sum / E.R. / P.P. \_\_\_\_\_