

CS/AGI23002674/Aqy3

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / 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: GBES267P Yr Regn: 2016 Jan.
Type: M.Car / M.Cycle / Bus Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Fiat Doblo. c.c 1598
Colour Bronze. A/C: Insured / Std / NI / NA
Sp. Reading 195606 T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: ZFA26300006B18459.
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: 195/60 R18..
R: 195/60 R16.
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Falken.
Front Rear
R/Bal. 06 mm R/Bal. 06 mm
L/Bal. 06 mm L/Bal. 06 mm
D.O.A. D.O.I. 15/03.
Survey held at NSI
Des. of Damages: Frt / Rear O/S / N/S / U/C / Rooftop or
The U/C / Chassis frame / Body Structure affected due to collision.

Table with 2 columns: N/S, O/S

(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.
Bal. or Market Value: _____
IDAC Accident Rport: _____ Consistent?: Yes or No
GIA / PR Seen: _____ Consistent?: Yes or No
Est. Repairs: 9 days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Table with 2 columns: Date / Time, Action / Instruction. Includes entry: TP Budget Direct.

Form with sections: Date/Time, File Pass to?, 1) 28/03 Typist, Date/Time, File Return to?, Report Format: TP, Days Of Repair: 9, Resurvey No. of Trip: 1, Add Fee: Site Insp, Interview, Tech. Inve, Survey Fee, Transportation, Photos, Discs.