

ASS. FILE BY: _____ REP: _____

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: _____

(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
Date: _____ Person Contacted: _____
Vehicle: IN / OUT

N/S	O/S

Veh No: SN106763 E Yr Regn: 2019, Dec.
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Bmw 216i Grand Tourer C.C. 1499.
Colour Black A/C: Insured / Std / NI / NA
Sp. Reading 55768 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: WBA6V120205P19541
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or _____
Brake: In order / Jammed / Leaked / Burnt or _____
Mod: Nil S/Rim / STD A/Rim or _____
Tyre Size: F: 205/55R17
R: 205/55R17
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____
Front 06 mm Rear 06 mm
R/Bal. 06 mm L/Bal. 06 mm
D.O.A. _____ D.O.I. 03/04/23.
Survey held at Auto United
Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or _____
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>TP Ergo</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>

Date/Time, File Pass to? ☐ : Preli. Report
1) ☐ : Final Report
Date/Time, File Return to?
2) _____
Report Format: _____
Days Of Repair: _____
Resurvey No. of Trip: _____
Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
Survey Fee: _____
Transportation: _____
S + RS. SI _____
Photos _____
Others _____