

ASS. REC. BY:

REF:

MSB/ 23 005427/KP

C

Kenneth

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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03

days

Res.:

Yes or No

Lum Sum:

20

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

1) GIA & EH not ready

6/6 11/20 & 20501 Cohn

Date/Time, File Pass to?



: Prell. Report

1)

Date/Time, File Return to?



: Final Report

2)

Report Format :

Lump Sum / I.B.I.: (\$

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

P. P. P. P.

Others

TOTAL

Add Fee:



Site Insp (\$



Interview (\$



Tech Invs (\$



Weekend (\$