

ASS. REF. BY: \_\_\_\_\_ REF: \_\_\_\_\_

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Insured Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

|     |     |
|-----|-----|
|     |     |
| N/S | O/S |
|     |     |

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

Veh No: SMC 3520B Yr Regn: 2018, June.

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

Make: Opel Grandland c.c. 1199

Colour: White A/C: Insured / Std / NI / NA

Sp. Reading: 89164 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: W0VZRHNX XJS163874

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: 235/50R19

R: 235/50R19

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

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. \_\_\_\_\_ D.O.I. 26/07/23

Survey held at 1st Autowork

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

Front N/S.

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

| Date / Time | Action / Instruction                   |
|-------------|--|
|             | <u>TP 1st Cop.</u>                     |
|             | <u>COE Expiry :</u>                    |
|             | <u>Estimate given during : Yes (✓)</u> |
|             | <u>1st Survey : No ( )</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) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

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

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech. Inve (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + R.S. \$ \_\_\_\_\_

Photos \_\_\_\_\_

Others \_\_\_\_\_

Report Format: \_\_\_\_\_

Region Centre / A.P. / C. \_\_\_\_\_