

01/09/22	01/09/2022
11/09/22	21/09/2022

REF: 0721

ASS. REC. BY:

ASSIGNMENT

Kenneth

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Acvol

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.

N/S	O/S

Bal. or Market Value: 8

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 1731 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLH 3760K Yr Regn: 1

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

Make: Volkswagen Jetta c.c.

Colour: M. Gold A/C: Insured / Std / NI / NA

Sp. Reading: 89828 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WVW 888168GM 010243

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NI / S/Rlm / STD / Rlm or

Tyre Size: F: _____ R: 225/45R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front	Rear
R/Bal. <u>5</u> mm	R/Bal. <u>8</u> mm
L/Bal. <u>5</u> mm	L/Bal. <u>8</u> mm
D.O.A. <u>1/12</u>	D.O.I. <u>30/9/2024</u>

Survey held at _____

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

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

Date / Time	Action / Instruction
<u>1</u>	<u>PRS, no documents taken</u>
	<u>EM report copy B1-2k</u>

File Pass to? : Prel. Report : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:	
Transportation:	
S - RS - SI	
Fixtols	
Others	
TOTAL	

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

Format: _____
m / I.B.I: (\$ _____)