

ASS. REC. BY:

REF: MSG/

CS/MSG24/00460/KNP3

M C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD/TP/WS/TP RES/QD RES/EVA/INV/MV

To Inspect Vehicle No: _____

at Workshop m/s Covan

of 8046

Insured: _____

Policy No. _____

Claims No. _____

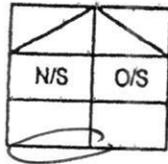
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: 878k

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SJJ 203K Yr Regn: 02 18

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

Truck / Trailer or (A) Wagon

Make: Volkswagen Tiguan C.C. 1395

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

Sp. Reading: 101687 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: WVG 888 6N7 JW 848 418

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: 235/55R18

R: _____

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

TOYO / YOKO or

Front R/Bal. 0 mm

L/Bal. 0 mm

D.O.A. 21/10/24

Survey held at _____

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

Rear N/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>30/10</u>	<u>U/Rpt 878501 Covan (Rod. \$ 3529.48, 31%)</u>

Date/Time, File Pass to? : Prell. Report : Final Report

Date/Time, File Return to? 1) _____ 2) _____

Report Format : _____ Lump Sum / I.B.I. (\$) _____

Days Of Repair: 5

Resurvey No. of Trip: _____

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

Survey Fee:	_____
Transportation:	_____
S - RS. _____	_____
Fuel/Trs	_____
Others	_____
TOTAL	_____