

ASSIGNMENT

From: _____ Date: 30/01/2018

Estimated Cost:

OD (TP) / WS / TP RES / OD RES / EVA / NV / MV

To Inspect Vehicle No: SKK 9638m

at Workshop m/s Volkswagen

of 247 Alexandria Re

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:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen:	Consistent? : Yes or No
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Est. Repairs:	days	Res.: Yes or No	
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Lum Sum:	%	3	Val.: Yes or No
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CA / REV / REP. / 24 HRS

Date: Person Contacted

Vehicle: IN / OUT

Date / Time	Action / Instruction
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Date/Time File Pass to?

☐: Preli. Report

Date/Time File Return to?

Date/Time File Return to?

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Add Fee: : Site Insd (\$

Interview §

Tech. Invs (\$

Weeding 10