

Barinder Singh
Rame

REF:

AKH

Mera/Ripar

08843

(P)

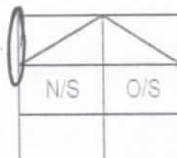
ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SKL 9633T
at Workshop m/s Volkswagen
of 12 THRS max 9
Insured: AKH
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

(Policy Condition)

after 1-30

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: SKL 9633T Yr Regn: 2011 / OUT
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Volkswagen SCIROCCO 1.4A 1390
Colour: BLACK A/C: Insured / Std / NI / NA
Sp. Reading: 81089 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: WVW222132CV009385
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 235/40R18
R: 2

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

Front		Rear
R/Bal. <u>6</u> mm		R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm		L/Bal. <u>6</u> mm
D.O.A. <u>05/02/18</u>		D.O.I. <u>09/02/18</u>
Survey held at <u>Volkswagen (THRS)</u>		

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

N/S FRT

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

Date / Time Action / Instruction

Date/Time. File Pass to?

☐
☐

: Preli. Report

: Final Report

1)

Date/Time. File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

(\$ + RS \$)

Photos

Others

TOTAL

Report Format :

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

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech Invs (\$

☐ : Weekend (\$