

Ref: *Rane*

REF: ALH

37646

ASSIGNMENT

From: Date: 23/05/2018

Estimated Cost:

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

To Inspect Vehicle No:

5JX 136Y

at Workshop m/s

Volkswagen

of

1 Kampung Ampat off Muepherson Rd

Insured

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

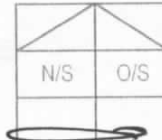
Make of Veh:

10:30am

(Policy Condition)

owner writing

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: 5JX 136Y Yr Regn: 2017 DKL

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

Truck / Trailer or

Make: Volkswagen Sportsvan 1.4 c.c 1395

Colour:

Grey

A/C: Insured / Std / NI / NA

Sp. Reading

7431

T/Radio: Insured / Std / NI / NA

Eng/No:

WVWZZZAUZJWS27622

Gen. Cond: Good / ☒ Fair / Poor / Burnt

Steering: ☒ Order / Jammed / Leaked / Burnt or

Brake: ☒ Order / Jammed / Leaked / Burnt or

Modi: Nil / ☒ R/Rim / STD A/Rim or

Tyre Size:

F:

225/45R17

R:

22

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

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

18/05/18

D.O.I.

23/05/18

Survey held at

Volkswagen KH AMPAT

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

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

1) S+PS SI

2) Photos

3) Others

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

TOTAL