

ASS. REC. BY:

REF: ADA/

14466/1923

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Complete

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: 39k

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: PKC 5137K Yr Regn: 09, 11

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

Make: Volkswagen Jetta c.c. 1396

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

Sp. Reading: 130894 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WVWZZZ16ZBN102255

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NII / S/Rim / STD A/Rim or

Tyre Size: F: _____ R: 205/55 R16

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

Front R/Bal. 7 mm Rear R/Bal. 4 mm

L/Bal. 7 mm L/Bal. 4 mm

D.O.A. 27/7/18 D.O.I. 14/8/18

Survey held at _____

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

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

| Date / Time | Action / Instruction |
|-------------|-------------------------------|
| <u>15/8</u> | <u>File pass to Catherine</u> |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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

1) Date/Time, File Return to? : Prell. Report : Final Report

2) _____

Days Of Repair: _____ Resurvey No. of Trip: _____

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

| | |
|-----------------|-------|
| Survey Fee: | _____ |
| Transportation: | _____ |
| \$ - R.S. \$ | _____ |
| Photos | _____ |
| Others | _____ |
| TOTAL | _____ |

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