Company: Rgm | REF: 22427 | RM P. | 47582

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SLZ 3440

at Workshop m/s: WGARNES

at: 249, ALEXANDRA RD

Insured: LPC

Policy No.:

Claims No.:

Sum Insured: Excess:

(Client's Record)

Make of Veh:

DERUK

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: 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: SLZ 3440 Yr Regn: 2018 APR

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

Make: VOLVO V40 T2 (A) c.c 1498

Colour: GREY/BLUE A/C: Insured / Std / NI / NA

Sp.Reading: 1797 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: YV1MV28LOJ2488390

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: 205/55R16

R: "

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.	30/11/18	D.O.I.	23/01/19

Survey held at: WGARNES

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
	off PEAK-CAR

Date/Time, File Pass to? 1) ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to? 2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation: (S + RS S)

(Photos)

(Others)

( )

TOTAL