

ASS. REC. BY:

REF:

Adrian

ASSIGNMENT

From:

Date:

Veh No: SKR2407Y. Yr Regn: 2015 / Jan.

Estimated Cost:

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /OD / TP / WS / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or

To Inspect Vehicle No:

Make: Audi A6 c.c. 1984.

at Workshop m/s

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

of

Sp. Reading 50641 T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No: WAU2246XEN165215

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

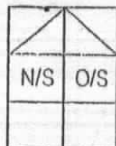
(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

Modi: Nil / SRim / STD A/Rim or

(Policy Condition)

Tyre Size: F: 225/55R17.R: 225/55R17.Remark: The veh had commenced its
repair at the time of inspection.BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU PIR / SUMI /
TOYO / YOKO or

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

06

mm

R/Bal.

06

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

06

mm

L/Bal.

06

mm

Est. Repairs:

days

Res.:

Yes or No

D.O.A.

D.O.I.

14/02/17.

Lum Sum:

%

3 Val.:

Yes or No

Survey held at

Premium

CA / REV / REP. / 24 HRS

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

Rear o/s.

Date:

Vehicle: IN / OUT

Person Contacted:

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

Date / Time

Action / Instruction

TP Lon Tse.MV:PV:Nett:

Date/Time, File Pass to?

Date/Time, File Return to?

1)

2)

3)

4)

5)

6)

Prel. Report:

Final Report:

Part Prices Check:

IN

OUT

Survey Fee:

Date:

Basic & Add.

___ S + RS, ___ SI

Photos

Others

TOTAL