REF: EQ

Receipt

ASSIGNMENT

From

Date: 19.3.2019

Estimated Cost

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

To Inspect Vehicle No: SKK 2633Y

at Workshop m/s: Progressive

of: 3022A Ubi Road 1 Of 45146

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Record)

Make of Veh: After 12.30 pm

(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: SKK2633Y Yr Regn: 2018, March.

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

Make: Volkswagen Touran c.c 1395

Colour: White. A/C: Insured / Std / NI / NA

Sp.Reading: 33648. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WVGZZZ1TZJW059583.

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: 215/55R17.

R: 215/55R17.

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	19/03/19.

Survey held at: Progressive (Ubi).

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
	TP EQ

Date/Time, File Pass to?

): ☐ Preli. Report ☐ Final Report

Date/Time, File Return to?

):

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 + PS: $

) Photos

) Others

) TOTAL