

REF:

EQ

ASSIGNMENT

From

Date

19.3.2019

Estimated Cost

OD ☒ TP ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV

To Inspect Vehicle No:

SKK 26334

at Workshop m/s

Progressive

at

3022A ubi Road / 045/46

Insured

Policy No

Claims No

Sum Insured

Excess:

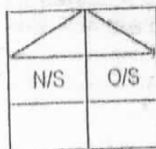
(Client's Record)

Make of Veh:

After 12.30 pm

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lump Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No.

8KK26334

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

3368

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WVG2221TZJW59583

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModi: 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?



Prel. Report



Final Report

1)

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L.B.L. (\$) :

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



Site Insp (\$)



Interview (\$)



Tech Insp (\$)



Weekend (\$)

Survey Fee:

Transportation

) S + RS. \$1

) Photos

) Other:

(21)