Steve | REF:

ASSIGNMENT

From | Date:

Estimated Cost

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

To Inspect Vehicle No:

at Workshop m/s

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:

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

Date: Person Contacted: Vehicle: IN / OUT

Veh No SGB905X Yr Regn. 19/11/09

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

Make: Volkswagen Golf cc ~~1.4~~ 1390

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

Sp.Reading 189845 T/Radio: Insured / Std / NI / NA

Eng/No:

Ch/No: WVWZZZ1KZAW018593

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/45R17

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.	18/3/19		D.O.I.	20/3/19	

Survey held at Progressive

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

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

Date / Time | Action / Instruction

MV - 23,000
PV - 13,617
NV - 9383

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

Date/Time. File Return to?

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation

) Photos

) Other

Report Format :

Lump Sum / I.B.I: (3