

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: **SFV 3913J**
 at Workshop m/s **Volkswagen**
 of **7, Thos Ave 9**
 Insured: **ASM (AKA)**
 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.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: **58K**
 IDAC Accident Rpt: _____ 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: **SFV 3913J** Yr Regn: **2015 MAR**
 Type: M.Gar / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **Volkswagen Jetta 1.4** C.C : **1390**
 Colour: **Grey** A/C: Insured / Std / NI / NA
 Sp.Reading: **45202** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **WVVZZZ 162EM066852**
 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: **205/55R16**
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **CONTINENTAL**
 Front _____ Rear _____
 R/Bal. **6** mm R/Bal. **6** mm
 L/Bal. **6** mm L/Bal. **6** mm
 D.O.A. **31/03/19** D.O.I. **03/04/19**
 Survey held at **Volkswagen Thos**
 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
	Repair / int \$16500

Date/Time, File Pass to? : Preli. Report
 : Final Report
 Date/Time, File Return to? _____
 Days Of Repair: _____
 Resurvey No. of Trip: _____
 Add Fee: Site Insp (\$ _____)
 Interview (\$ _____)
 Tech. Invs (\$ _____)
 Weekend (\$ _____)
 Report Format : _____
 Lump Sum / I.B.I: (\$ _____)
 Survey Fee: _____
 Transportation: _____
 S + RS, SI _____
 Photos _____
 Others _____
 TOTAL _____