

Steve

REF: ADM (Case)

ASSIGNMENT

Front Date: _____

Estimated Cost _____

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

To Inspect Vehicle No: _____

at Workshop in/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.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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 _____

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

N/S	O/S

Veh No SL S 9684 A Yr Regn. 12/10/17

Type M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Volkswagen Passat cc 1798

Colour Black A/C Insured / Std / Nil / Nil

Sp. Reading 31813 T/Ratio: Insured / Std / Nil / Nil

Eng/No: _____

C/No: WVW 2223CZHE 054224

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: 215/55R17

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Firelli

Front Rear

R/Bal. 7 mm R/Bal. 3 mm

L/Bal. 7 mm L/Bal. 3 mm

D.O.A. 24/4/19 D.O.I. 30/4/19

Survey held at Volkswagen, Kompong Angat

Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or

Rear LH

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time / Action / Instruction

MV - 110K

Date/Time, File Pass to: : Prel. Report

: Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation _____

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Report Format: _____

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

) S + R: \$

) Photos

) Fuel