ASSIGNMENT

Date:

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

Subject Vehicle No:

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: **4** days   Res.: Yes or No

Lum Sum: **20** %   3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Veh No: **SMH595 D.**   Yr Regn: **2010, Oct.**

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

Make: **Volkswagen Scirocco .c.c 1390**

Colour: **while** .   A/C: Insured / Std / NI / NA

Sp.Reading **195809**   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: **WVWZZZ13ZBV004·660.**

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: **235/40R18 .**

R: **235/40R18 .**

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. **24/8/19**		D.O.I. **29/08/19.**	

Survey held at **First Autowork** .

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
	TPAIG·
	CLIS $2,300 / Red $5,099/64·/.)
	4 days + 1 sunday + 2 PPS = 8days.
	MV : 24K
	PV : 16.4K
	Nett : 7.6K

Date/Time, File Pass to?	Date/Time, File Return to?	Part Prices Check:		Survey Fee:	Date:
1)	2)	IN	OUT	Basic & Add.	
3)	4)			__ S + RS, __ SI	
5)	6)			Photos	
Preli. Report:				Others	
Final Report:				TOTAL	