

ASS. REC. BY: PandREF: A19

612

ASSIGNMENT

From:

Date: 21.10.2019

Veh No:

SMP 54394Yr Regn: 2019 / SEP

Estimated Cost:

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

To Inspect Vehicle No:

SMP 54394

at Workshop m/s

Volkswagen

of

247 Alexandra Road

Insured:

Policy No.

Claims No.

Sum Insured:

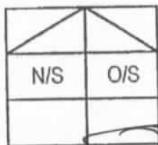
Excess:

(Client's Record)

Make of Veh:

1.20 p.m. Onw way

(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

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

up

Vehicle: IN / OUT

Date:

Person Contacted:

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

Make:

Skoda Kodiaq 1.4 TSIc.c. 1398

Colour

GREEN

A/C: Insured / Std / NI / NA

Sp. Reading

912

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

TMPSKCTNSXK 8071990

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt or

Modi: Nil / Rim / STD A/Rim or

Tyre Size:

F:

235/55R18

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.

15/10/19

D.O.I.

21/10/19

Survey held at

Volkswagen

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

Date/Time, File Pass to?

☐

Preli. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Rep. Format:

Lump Sum / F.B.I. (\$