

**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 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: **SKC1494E** Regn: **2011 June**  
 Type:  M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: **Volkswagen Passat CC 1758**  
 Colour: **Black** A/C: Insured / Std / NI / NA  
 Sp. Reading: **84125** T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: **WVWZ223C2CE517738**  
 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: **235/45R17**  
 R: **235/45R17**  
 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. \_\_\_\_\_ D.O.I. **06/07/20**  
 Survey held at **Polymath**  
 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
	TP Budget Direct.
	MV: 29K (Depreciation @ 13K x 1yr + 50% of OMV = 13 + 31.5 = 29K)
	PV: 24.6K
	Nett: 4.4K
	<b>L/\$ 4000.00 (RED: \$10,206.95, 71%)</b>

Date/Time, File Pass to?  : Preli. Report Days Of Repair: **5**  
 : Final Report Resurvey No. of Trip: **3**  
 Date/Time, File Return to? \_\_\_\_\_  
 Add Fee:  : Site Insp (\$) \_\_\_\_\_  
 : Interview (\$) \_\_\_\_\_  
 : Tech. Insp (\$) \_\_\_\_\_  
 : Wash etc (\$) \_\_\_\_\_  
 Report Format: \_\_\_\_\_  
 Temp Form / M.D. No: \_\_\_\_\_

Survey Fee:	
Transportation	
_____ + FS _____	
Exhibe	
Others	