

ASS. REC. BY: PaulREF: CS/CT120008647/RISF3S 233 I

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SLD 273Rat Workshop m/s VOLKSWAGENof 17, TUNIS AVE 9Insured: CTI

Policy No. _____

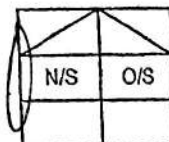
Claims No. _____

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: 50K

IDAC Accident Report: _____ 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: SLD 273R Yr Regn: 2016 / MAYType: ☒ M.Cat / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make: VOLKSWAGEN POLO GPI-2 c.c. 1197Colour: WHITE A/C: ☐ Insured / ☐ Std / ☐ NI / ☐ NASp. Reading: 109913 T/Radio: ☐ Insured / ☐ Std / ☐ NI / ☐ NA

Eng/No: _____

C/No: NVW2226RZG4U023948Gen. Cond: Good / ☒ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orMod: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim orTyre Size: F: 215/45R16R: 215/45R16BS / DUN / EXNOVA / ☒ GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 14/08/2020D.O.I. 19/08/2020Survey held at VOLKSWAGENDes. 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
	<u>Repair limit 17K</u>
	<u>08/01/2021 @ 16:56 PM CHECKED WITH GERMAINE VIA PHONE CALL</u>
	<u>CONVERT TO OD CLAIM, WILL EMAIL ADDENDUM</u>
	<u>GIA REPORT FOR US VIA EMAIL</u>

Date/Time, File Pass to?

11/01/2021

1) TYPIST

Date/Time, File Return to?

2) _____

☒ : Prel. Report☐ : Final ReportDays Of Repair: 12Resurvey No. of Trip: -

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Rep. Format: PRELI

Lump Sum / F.B.A. (\$ _____)