

ASS. REC. BY:

REF:

04/17/620009701/TIP93

ASSIGNMENT

COE 2029 May
2009, Oct

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: \$541K

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: SMJ7529PYr Regn: 2009, Oct

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

Truck / Trailer or

Make: Volkswagenc.c. 1390Colour: Black

A/C: Insured / Std / NI / NA

Sp. Reading: 74095

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WVWZZE152AV410483Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 235/40R18R: 4 4BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIRY SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

D.O.I. 15/9/20Survey held at Xin Ya

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Front o/s

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee: _____

2)

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

S + RS. \$ _____

☐ : Interview (\$ _____)

Photos

☐ : Tech. Invs (\$ _____)

Others

☐ : Weekend (\$ _____)

Rep. Format: _____

Lump Sum / L.B.H. (\$ _____)