

ASS. REC. BY:

Steve

REF:

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 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: SLE 801L Yr Regn: 17/4/19Type: M.Ca / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Volkswagen Golf c.c. 1395Colour: Black A/C: Insured / Std / NI / NASp. Reading: 11338 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WVWZZZ AU2K W087477Gen. 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: 205/50R17R: 11BS / DUN / EXNOVA / GY / FS / LIZA MIC / OHTSU / PIR / SUMI /TOYO / YOKO or 8

Front _____ Rear _____

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 9/10/20 D.O.I. 13/10/20Survey held at Garage 13Des. 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

MK- 90K * waiting Estimate

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL

Rep. Form: _____

Lump Sum / L.E.I. \$ _____