ASS. REC. BY: GQ

PRS

REF: CC4/FCI20014771/Gra3

# ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / MS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s TEAMWORK GARAGE

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: $51k

IDAC Accident Rport: 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: SKL 437E Yr Regn: 24 Sep 2013

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

Make: VOLVO V40 CROSS COUNTRY T4 c.c 1596

Colour white A/C: Insured / Std / NI / NA

Sp.Reading 145796 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: YV1MZ485BE2028005*

Gen. Cond: Good / Fair / Poor / Burnt

Steering: norden / Jammed / Leaked / Burnt or

Brake: norden / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/40ZR18

R: 225/40ZR18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 6 mm | R/Bal. | 6 mm |
| L/Bal. | 6 mm | L/Bal. | 6 mm |
| D.O.A. | | D.O.I. | 31-12-2020 |

Survey held at W/S 11:15

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

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

| Date / Time | Action / Instruction |
|---|---|
| | Total Rebate Amount $38,503 |

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($ )

☐ : Interview ($ )

☐ : Tech. Insp ($ )

☐ : Weekend ($ )

Survey Fee:

Transportation: ___S + RS. ___SI

Photos

Others

TOTAL