

ASS. REC. BY:

Steve T

CS/CTI 21019067/Etc

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: \_\_\_\_\_

Veh No: SLS 5772E Yr Regn: 16/11/18  
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Skoda Kodiaq cc 1395  
 Colour: Blue AJO: Insured / Std / NI / N  
 Sp. Reading: 53197 T/Radio: Insured / Std / NI / N  
 Eng/No: \_\_\_\_\_

C/No: TMBMN 9158 J 898 983  
 Gen. Condi: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Locked / Burnt or  
 Brake: In order / Jammed / Locked / Burnt or  
 Mod: Nil / S/R/m / STD A/R/m or  
 Tyre Size: Ft 245/45 R19  
 Ri \_\_\_\_\_

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

Front		Rear
R/Bal. <u>5</u> mm		R/Bal. <u>5</u> mm
L/Bal. <u>5</u> mm		L/Bal. <u>5</u> mm
D.O.A. <u>25/9/21</u>		O.O.L. <u>30/9/21</u>
Survey held at <u>Volkswagen</u>		

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

The U/C / chassis frame / Body structure affected due to collision

(Policy Condition)  
 Remark: The veh had commenced its repair of the time of inspection.



Est. or Market Value: \_\_\_\_\_  
 IDAC Accident Report Consistent? Yes or No  
 SIA / PR Seen Consistent? Yes or No  
 Est. Repairs: \_\_\_\_\_ days Res.: Yes or No  
 Cum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN/OUT

Date / Time	Action / Instruction
	<u>RV-108K</u>
	<u>confirm the finalize \$14,418.64 (P/P, before GST). 6 repair days.</u>
	<u>RED: 10711.54:42%</u>

me/Time, File, Pass to:  : Prel. Report  
 : Final Report

Days Of Repair: 6  
 Resurvey No. of Trips: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech. Inva (\$ \_\_\_\_\_)  
 : Wheel and (\$ \_\_\_\_\_)

Survey Fee:	_____
Transportation:	_____
S + R.S. SI	_____
Prova	_____
Other	_____
TOTAL	_____