

Ass. Rec. By:

REF:

CS/MSG22002572/Aqy3

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. **271311**

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 Rport: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: **5** days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: **SLH3546M** Yr Regn: **2016 / Oct.**

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

Truck / Trailer or

Make: **Volkswagen Tiguan.** c.c. **1390**

Colour: **Grey.** A/C: Insured / Std / NI / NA

Sp. Reading: **89236** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **WVG2225NZGW070920**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: **255/40R19.**

R: **255/40R19.**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front _____ Rear _____

R/Bal. **06** mm R/Bal. **06** mm

L/Bal. **06** mm L/Bal. **06** mm

D.O.A. _____ D.O.I. **27/03/22.**

Survey held at **Polymath.**

Des. 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

TP MSIG.

21/04/22@5.18pm revised & email to Fievel to seek mandate at LS \$4400, 5 days.

22/04/22@3.38pm Fievel informed proceed mandate by email.

MV :

PV :

Nett :

LS \$4400, 5 days. (Red \$6392.14, 59%)

769B.

Date/Time, File Pass to?

: Preli. Report

Days Of Repair: **5**

1) **26/04** Typist

: Final Report

Resurvey No. of Trip: **1**

Date/Time, File Return to?

Survey Fee:

2)

Add Fee: : Site Insp (\$)

Transportation:

: Interview (\$)

____ S + RS. ____ SI

: Tech. Insp (\$)

Photos

Report Format: **MER-TP**

Other:

Lum Sum / EP Fee: **4400**