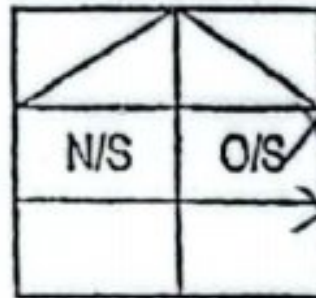


ASSIGNMENT

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.



Bal. or Market Value: _____
IDAG Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 7 days Res.: Yes or No
Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKR 8674H Yr Regn: 2/1/15
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Volkswagen Jetta c.c. 1390
Colour: Silver A/C: Insured / Std / Nil / NA
Sp. Reading: 58509 T/Radio: Insured / Std / Nil / NA
Eng/No: _____
C/No: WVW222162EM059492
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: 205/55R16
R: 11
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or .

Front Rear
R/Bal. 4 mm R/Bal. 4 mm
L/Bal. 4 mm L/Bal. 4 mm
D.O.A. 18/3/11 Premium D.O.I. 25/3/11
Survey held at _____
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

MV-35K

Confirm final fig \$11,971.96 before GST and 7 repair days.

(red, \$5805.04, 33%)

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair: 7

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + PG. SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Date/Time, File Return to?

Lump Sum / L&L: (\$ 11971.96)