

REF:

CS/CTI22004796/Bqy3

ASS. REC. BY:

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 Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 9 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: SGV 3737P Yr Regn: 30/11/2016

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

Truck / Trailer or _____

Make: Volkswagen Jetta 1.4 TSI C.C. 1390Colour White A/C: Insured / Std / NI / NASp. Reading 85271 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WVWZZZ16ZGM0 * 14654Gen. Cond Good Fair / Poor / BurntSteering Inorder Jammed / Leaked / Burnt or _____Brake: Inorder Jammed / Leaked / Burnt or _____Modi: Nil /S/Rim / STD A/Rim or _____Tyre Size: F: 225/40 R18

R: _____

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

TOYO / YOKO or _____

Front 6 mm Rear 6 mmR/Bal. 6 mmL/Bal. 6 mmD.O.A. 19/05/22 D.O.I. 23/05/22Survey held at bifrost

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

n/s rear

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

Date / Time	Action / Instruction
	Finalize \$6750.00 (L/S, before GST), 9 days

Date/Time, File Pass to?

 : Preli. Report

1)

 : Final Report

Date/Time, File Return to?

2)

Rep. Format: MER-TPLump Sum 6750Days Of Repair: 9Resurvey No. of Trip: 2Add Fee: : Site Insp (\$ _____) S + RS _____ SI : Interview (\$ _____) Photos : Tech. Invs (\$ _____) Others : Weekend (\$ _____)

TOTAL