

ASS. REC BY: T. J. J. J. REF: CS3/415 22.00 9009/7043

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / VS / 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: 966K
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3rd Val.: Yes or No
 CA / REV / REP. / 24 HRS WP PRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLP 9980P Yr Regn: 2016 March
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Volkswagen Tiguan C.C. 1390
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 100783 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WVG2225N29W070700
 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: 245/45R17
 R: 22
 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. 17/9/22
 Survey held at Nyapress
 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

Repair Range: \$4000 - \$5000 07 days

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Rep. Format: _____

Lump Sum / L.B. / ()

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)
☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL