

ASS. REC. BY:

REP:

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: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 06 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLR 9294Y Yr Regn: 2017, August

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

Truck / Trailer or

Make: Volkswagen Jetta C.C. 1380

Colour: Gold A/C: Insured / Std / NI / NA

Sp. Reading: 174253 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WVWZZZ16ZG-M 019810

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/45R17

R: 225/45R17

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

TOYO / YOKO or Continental

Front

Rear

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

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

D.O.A. _____ D.O.I. 20/12/22

Survey held at Hua Meng

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

Front o/s.

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

Date / Time Action / Instruction

TP Sampo

10/02/2023 Finalise L/S \$5,800.00 @ 06 DAYS (RED \$3,655.10/39%)

MV: 68K

PV: 36K

Nett: 32K

Date/Time, File Pass to?

10/02/2023

1) typist

Date/Time, File Return to?

2)



: Prel. Report



: Final Report

Days Of Repair: 6

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

8.55.00

Photos

Others

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Inve (\$

Report Form:

TP

L/S \$5,800