

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TR / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SKK 4175Pat Workshop m/s Zoom

of _____

Insured: SHC 17094

Policy No. _____

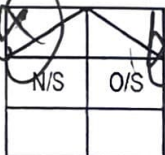
Claims No. _____

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: _____ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKK 4175P Yr Regn: 11/07/13Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CA /Make: Volkswagen Jetta c.c. 1390Colour: Black A/C: Insured / Std / NI / NASp. Reading: 175389 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WVWZZZ162DM084060Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt or okBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/40 ZR18

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 7 mmR/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mmD.O.A. 05/02/23D.O.I. 14/02/23

Survey held at _____

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

O/S dm, n/s for 2

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

Date / Time Action / Instruction

108 until 29-02-2028
before renew Bal 5 yrs. Dep 14k

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair: _____

1)

☐

: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

Report Format :

Lump Sum / I.B.I: (\$ _____)

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

TOTAL