

ASS. REC. BY:

REF:

LIP / 23003377 / Kgp3

C

Kenneth

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: 830K

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 06 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 08/25 Person Contacted: _____ Vehicle: IN / OUTVeh No: STY 3006 P Yr Regn: 08, 10

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

Truck / Trailer or

Make: Volkswagen Touran c.c. 1390Colour: M. Silver A/C: Insured / Std / NI / NASp. Reading: 235505 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WVG 888IT ZAW 109531

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / Rlm or

Tyre Size: F: 225/45R17

R: _____

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

TOYO / YOKO or

Front

R/Bal. 7 mmL/Bal. 7 mmD.O.A. 26/3/23

Survey held at

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

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

Date / Time Action / Instruction

1. CNA & EM not ready, LTA return 87485.00

24/4 L1 Sup 9300 CNA Cred 18410.08, 6627

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

Date/Time, File Return to?

Days Of Repair: 6Resurvey No. of Trip: 2

Survey Fee:

Transportation

S - RS. SI

Fees

Others

TOTAL

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Report Format :

Lump Sum / I.B.I. (\$

TP

9300