(08/11/13) wef

ASS. REC. BY:

REF: CD/FC1240701S3/Rma3

4222

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SLZ2203P

at Workshop m/s VOLKSWAGEN

of ALEXANDRA RD

Insured: FC1²

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: 60K

IDAC Accident Rport: 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: SLZ2203P Yr Regn: 2018 / ADR

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

Make: VOLKSWAGEN GOLF TSI TL c.c 999

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

Sp.Reading 42513 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WVWZZZAUZJW155125

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55R16

R:

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. 04/07/24 D.O.I. 11/07/24

Survey held at ALEXANDRA

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

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

Date / Time Action / Instruction

REPAIR LIMIT - 33K

Date/Time, File Pass to? ☐ : Prell. Report ☐ : Final Report

1) Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation: S + RS SI

Photos

Others

TOTAL