Insurer: Tenfter REF: ALG

ASSIGNMENT

From: Date: 11.12.17

Estimated Cost:

OD / TP TWS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SLA 8219L

at Workshop m/s: Volkswagen

of: 1 Kampung Ampat Off Macpherson Rd

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition) 2pm

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
	X

Bal. or Market Value:

ICAC 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: SLA8219L Yr Regn: 2016 March

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

Make: Volkswagen Golf cc: 1395

Colour: Red A.C: Insured / Std / NI / NA

Sp.Reading: 19031 T.Radio: Insured / Std / NI / NA

Eng.No:

C.No: WVWZZZAUZGW081657

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: 225/45R17

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:		D.O.I:	14/12/17 @2pm

Survey held at: VWS Kg Ampat.

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

Date/Time File Pass to?

: Preli. Report

: Final Report

Date/Time File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Add Fee: Site Insp $ Photos

Interpret $ Sheets

Technical $

Assistance $

Report Format :

Lump Sum / I.B.I: $

TOTAL