Surveyor Rasul | REF: | 75747

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SDX810E

at Workshop m/s Volkswagen

of 247, Alexandra Rd

Insured: AH/TP

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: _____

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: SDX810E Yr Regn: 2014 / Auh

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

Make: Volkswagen Golf A7 1.4TSI c.c 1395

Colour: Grey A/C: **Insured / Std / NI / NA**

Sp.Reading: 53507 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: WVWZZZAUZEW415373

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 Continental

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	04/01/18	D.O.I.	09/01/18

Survey held at Volkswagen Alexandra

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

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

Date / Time | Action / Instruction

Date/Time. File Pass to? ☐ : **Preli. Report**

1) _____ ☐ : **Final Report**

Date/Time. File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($ _____) __S + RS __SI

☐ : Interview ($ _____) Photos

☐ : Tech. Invs ($ _____) Others

☐ : Weekend ($ _____)

TOTAL

Report Format : _____

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