To: Rame REF: AZG Ref: 18002065/RIps3. 6406A

ASSIGNMENT

From Date 01-02-2018

Estimated Cost:

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

To inspect Vehicle No: SDT 8300D

at Workshop m/s Volkswagen

of 247 Alexandra Rd

Insured

Policy No

Claims No.

Sum Insured Excess

(Client's Record

Make of Veh

10am

(Policy Condition)

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

N/S	O/S

Bal. or Market Value.

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Sum Sum: % 3 Val : Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SDT 8300D Reg: 2017 Nov

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

Make: Volkswagen Golf 1.4 cc: 1390

Colour: Blue A/C: Insured / Std / Nil / NA

Sp Reading: 2391 Radio: Insured / Std / Nil / NA

Eng No:

C No: WVW222AU2HW123453

Gen. Cond. Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 235/80 ZR18

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.	28/01/18	D.O.I.	01/02/18

Survey held at Volkswagen

Des. of Damages: Front / 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 Passed: ☐ : Preli. Report ☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Date/Time File Returned:

Add Fee: ☐ Site Insp $ ☐ Emergency $ ☐ Tel $ ☐ Fax $

Report Format:

Lump Sum / L.B / $