

Station

Taughan

REF

III

Ref: 19003194/71/CS3

ASSIGNMENT

From

Date

21/02/18

Estimated Cost

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

To Inspect Vehicle No

SKN 5444R

at Workshop this

Volkswagen

of

247 Alexandra Rd

Insured

Policy No

Claims No

Sum Insured

Excess

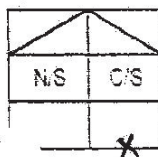
Client's Record

dam. Owner waiting

Make of Veh

(Policy Condition)

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



Bail or Market Value

IDAO Accident Report

Consistent? : Yes or No

GIA / PR Seen

Consistent? : Yes or No

Est. Repairs

days

Res.: Yes or No

Lim Sum

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

up

Date

Person Contacted

Vehicle: IN / OUT

Date / Time

Action / Instruction

Vehicle

SKN 5444R

Reg

2014 Duke

Type

Motorcycle / Bus / Van / Lorry / Taxi / Prime Mover

Truck / Trailer

Make

Volkswagen Golf

CC

1395

Colour

Dark Blue

AC

Insured

Std

No

NA

So. Reading

39580

TP

Insured

Std

NA

NA

Eng No

C No

WVW 267 448 EW 392758

Gen. Cond

Good

Fair

Poor

Burnt

Steering

In order

Jammed

Leaked

Burnt

or

Brake

In order

Jammed

Leaked

Burnt

or

Mod.

Nil

STD

STD

A/Rim

or

Tyre Size

F

205/55R15

R

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / R / 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.

21/2/18/18/18/18

Survey held at

111 Alexandra

Des. of Damages

Frt

Rear

O/S

N/S

U/C

Roof top

or

Rear o/s

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

Date/Time File Pass to



: Preli. Report

Date/Time File Return to



: Final Report

Days Of Repair

Resurvey No. of Trip

Survey Fee

Transformer

100 - 200

100 - 200

100 - 200

100 - 200

Report Format

Limbo Sum I.E. 100

Add Fee:



Site Insd

\$



Inspection

\$



Technical

\$



Re-inspection

\$

