Surveyor: Taufik REF: AIG 13203 / 11 ea3 - (2)

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

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: $98K.

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)

WP

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLQ9688A Yr Regn: 2017 / July

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

Make: Volkswagen Beetle. c.c 1197

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

Sp.Reading 17425 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WVWZZZ16ZGM609588

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: 235/45R18

R: " "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / (PIR) / SUMI / TOYO / YOKO or

Front R/Bal. 6 mm L/Bal. 6 mm

Rear R/Bal. 6 mm L/Bal. 6 mm

D.O.A. D.O.I. 24/7/18 (2) 1715

Survey held at VW Tues

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
	Rebate. $ 53,048

Date/Time, File Pass to? [ ] : Preli. Report

1) [ ] : Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] Site Insp ($) __S + RS, __SI

[ ] Interview ($) Photos

[ ] Tech. Invs ($) Others

[ ] Weekend ($)

Survey Fee:

Transportation:

TOTAL