

10012
Singer
Pam

REF:

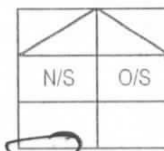
65189

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SLU 4287K
at Workshop m/s Volkswagen
of 247, ALEXANDRA RD
Insured: AIG
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.



Bal. or Market Value: 121K
IDAC Accident Rpt: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLU 4287K Yr Regn: 2017 / NOV
Type: M / Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: VOLKSWAGEN SHARAN 2.0 C.C. 1984
Colour: WHITE A/C: Insured / Std / NI / NA
Sp. Reading: 12515 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: WVW2227N23U600616
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: Nil / S / Rim / STD A/Rim or
Tyre Size: F: 225/45ZR18
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or
Front _____ Rear _____
R/Bal. 6 mm R/Bal. 5 mm
L/Bal. 6 mm L/Bal. 5 mm
D.O.A. 21/11/18 D.O.I. 27/11/18
Survey held at VOLKSWAGEN ALEXANDRA
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear n/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 (\$ _____)

☐ Interview (\$ _____)

☐ Tech. Invs (\$ _____)

☐ Weekend (\$ _____)

_____\$ + RS. ____ SI

) Photos

) Others

)

Report Format :

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

TOTAL