

Mr. Lim

REF:

AG

ASSIGNMENT

Team

Date

19/2/19

Estimated Cost

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

To inspect Vehicle No

SLV 4607R

at Workshop no

Team Auto

of

8 Kaki Bukit Ave 4 #06-21

Insured

S(415875)

Policy No

Claims No

Sum Insured

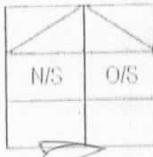
Excess

(Client's Record)

Make of Veh

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report

Consistent? : Yes or No

GIA / PR Seen

Consistent? : Yes or No

Est. Repairs

7

days

Res.: Yes or No

Lump Sum

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

DS'

Vehicle IN / OUT

Date:

Person Contacted:

Veh No

SLV 4607R

Regn 29/12/19

Type ☒ Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make SUBARU FORESTER 2.0 IL cc 1998

Colour RED

A/C Insured / Std / Nil / NA

Sp Reading 25,750

T/Radio: Insured / Std / Nil / NA

Eng No FB204B 66666

C/Nb JF1SJKE5JG 101370

Gen Cond Good / ☒ Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil / ☒ S/Rim / STD A/Rim or

Tyre Size: F: 225/60/17

R: 225/60/17

BS / DUN / EXNOVA / GY / FS / LIZA / MIG / 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. 15/2/19

D.O.I. 19/2/19

Survey held at TEAM AUTO

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

MV 102,000/-

PV 57511/2

NV 44/48/2

Date/Time: File Pass to?



Prel. Report



Final Report

1)

Date/Time: File Return to?

2)

Report Format:

Lump Sum / LB: (L)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



Site Insp (L)



Interview (L)



Tech Invs (L)



Weekend (L)

Survey Fee:

Transportation

1) 50 RS 50

2) Photos

3) Other

4) ...

Total