REF: ASM(ANA) 978 PM

09095

ASSIGNMENT

From:	Date: 26	8/5/19	Veh No:	SKQ4	9665	Yr Regn: 2	1014 10	rec
Estimated Cost:			Type: M.Car			//Taxi/Prime		1
OD TP / WS / TP RES / OD R	ES / EVA / INV / MV			/ Trailer or				
To Inspect Vehicle No:	8KQ 4966	3	Make:	Volksum	her holf	A71.4	1393	5
	Volksweigen		Colour	BLUG			ed / Std / NI	
of 17	tras Are	1	Sp.Reading	53228		T/Radio: Insur	ed / Std / N	I/NA
Insured:	1003 11		Eng/No:					
Policy No.			C/No:	WVW2	22A42	pw 052	407	
Claims No.			Gen. Cond: G	Good / Cair P	oor / Burnt		`	
Sum Insured:	Excess:		Steering: Ing	rde / Jammed	d / Leaked / B	urnt or	1	
(Client's Record)			Brake: (no	rder / Jammed	d / Leaked / B	urnt or	•	
Make of Veh:			Modi: Nil	18/Rim / STI				F
			Tyre Size:	F:	228 45	2R17		
(Policy Condition)				R:	1 0			
Remark: The veh had comme	nced its	N/S O/S	BS / DUN / E	XNOVA / GY	FS / LIZA /	IC / OHTSU / F	PIR / SUMI /	
repair at the time of	inspection.	U	TOYO / YO	KO or				
Bal. or Market Value:	62K		Front	,		Rear	1	
IDAC Accident Rport:	Consistent?: Yes	or No	R/Bal.	b,	mm	R/Bal.	6	mm
GIA / PR Seen:	Consistent?: Yes	or No	L/Bal.	6,	mm	L/Bal.	6	mm
Est. Repairs:	days Res.: Yes	or No	D.O.A. 23	3/05/19		D.O.I. 28	105/19	
Lum Sum:	% 3 Val.: Yes	or No	Survey held	at	17 Tus	Nr. 9		
CA / REV / REP. / 24	HRS (MD)		Des. of Dam	ages: Frt / R	ear 1/018/1	N/S / U/C / R	ooftop or	
		Vehicle: IN / OUT						
	Contacted:		The U/C	/ Chassis fra	ime / Body S	tructure affec	ted due to c	ollision.
Date / Time Action / Ins	ruction							
		. *						
-								
Date/Time, File Pass to?	: Preli. Report		Days Of Re	pair:				Constitution of the last of th
1)	: Final Report		Resurvey N	lo. of Trip:		Survey Fee:		
Date/Time, File Return to?						Transportation:		
2)		Add Fee	h-manual particular pa	Insp (\$)S+RS,8	SI	
			and the same of th	rview (\$) Photos		
Report Format:			: Tecl	h. Invs (\$) Others		
Lump Sum / LBJ: (\$)	: Wee	elend (\$)		
						TOTAL		

VEHICLE CONDITION REPORT FORM / JOB RECORD Date: 2018 2019 VERONICA Customer Name: Time:.... THOMAS GZBUSBR Customer Telephone: Technician Name: UN GOLF Make/Model: Reg. No: 4 MOOUREAM WALK 53 CALAD DELITA Odometer Reading (Customer Vehicle):.... Location: 0816 Time on Scene: KM Travelled by Assistance Vehicle: (1 way) Time Job Completed: 0903 Accident Fault Reported: ACCIDENT Repaired at Breakdown Scene: Y Fault Found: VIN No: How was vehicle repaired? Clean/Soiled Hubcaps Wet/Dry Day/Night Spare Wheel Please circle the above as appropriate Place X on damaged area for scratch and Y for dent Tools Audio System Keys + Remote Aerial Cashcard Fuel Interior Condition: Front Seats Rear Seats Floor Covering Headlining Delivery to Dealership / Date and Time: CONDENSES DENSED BEFORE VW ALEXANDRA ENDO DHIX DOR Vehicle received in the above condition YES/NO If not stated as above specify difference: CUSTOMER DECLARATION 1. I am entitled to the service requested. In the event of this subsequently not being the case I shall be responsible for the cost of any assistance provided. 2. I accept that any roadside repairs will be of a temporary nature and that advice of a franchised dealer should be sought by me as soon as possible. 3. In the case of forced entry, I confirm that I specifically requested that the operator forcefully enter the vehicle and that all damages occasioned thereby is and shall be my sole responsibility. 4. I accept that any removable items left in the vehicle will not be the responsibility of the emergency service or their agents. GROUP SINGAPORE Operators Dealer/Workshop Customer Signature Signature, Name Name & lushita & nink R, Stamp Signature 81030001 copy) (yellow copy) (green copy)