

ASS. REC. BY:

Steve

REF: ALG

ASSIGNMENT

From:

Date:

11/6/19

Estimated Cost:

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

To Inspect Vehicle No:

SMK 7740P

at Workshop m/s

volkswagen

of

247 Alexandra Road

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

Ilan (waiting)

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

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

1 up

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMK 7740P

Yr Regn:

24/4/19

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

Truck / Trailer or

Make:

Volkswagen Sharan

C.C

1984

Colour

Brown

A/C:

Insured / Std / NI / NA

Sp. Reading

2055

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WVW2227N2K V01173

Gen. Cond: Good / Fair / Poor / Burnt

Steering: ☒ Morder / Jammed / Leaked / Burnt orBrake: ☒ Morder / Jammed / Leaked / Burnt orModi: Nil / ☒ S/Rim / STD A/Rim or

Tyre Size:

F:

225/50R17

R:

11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Confidential

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

2/6/19

D.O.I.

11/6/19

Survey held at

Volkswagen, Alexandra Rd

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Front LH

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

Date / Time

Action / Instruction

MV-165K

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Photos

Others

TOTAL

Report Format :

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

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Weekend (\$)