

ASS. REC. BY:

REF:

A19

Asher

ASSIGNMENT

From:

Date:

07/8/19

Estimated Cost:

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

To Inspect Vehicle No:

SLW 4193L

at Workshop m/s

Team Autopro

of

160 Sin Ming Drive # 01-14

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:

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 ^{1up}

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLW 4193L

Yr Regn: 18/12/2013

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

Truck / Trailer or

Make:

Volkswagen Sharan 2.0 TSI C.C. 1984

Colour

Brown

A/C: Insured / Std / NI / NA

Sp. Reading

61595

T/Radio: Insured / Std / NI / NA

Eng/No:

CCZ401393

C/No:

WVINZZZ7NZEVO13450

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

Tyre Size:

F: 235/35/19

R: 235/35/19

BS / DUN / EXNOVA / ☒ FS / LIZA / MIC / 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.

3/8/19

D.O.I.

7/8/19

Survey held at

Team Autopro

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

Curtain airbags and front passenger seat airbag

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

Date / Time

Action / Instruction

MV 92,600/2

PV 68,405/2

NV 23,595/2

loss case

TTClim 7/8/19

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:

Photos

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Report Format :

Lump Sum / L&I: (\$