REF: Asm (AxA)

Surveyor

ASSIGNMENT

vivian

From: Date: 29.8.2019

Estimated Cost:

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

To Inspect Vehicle No: SKZ 2613B

at Workshop m/s Team Auto Pro

of 160 Sin Ming Dr #01-14

Insured:

Policy No.

Claims No.

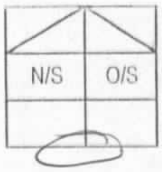
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS mp''

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKZ 2613B Yr Regn: 19/3/2019

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Audi A3 1.0 TFSI c.c 999

Colour Black A/C: Insured / Std / NI / NA

Sp.Reading 6487 T/Radio: Insured / Std / NI / NA

Eng/No: CHZC27177

C/No: WAUZZZ8V2K102024

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/55/16

R: 205/55/16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm

D.O.A 26/8/19 D.O.I. 29/8/19

Survey held at Team Autopro

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
	4S 7850/2 TGCim 2/9/19
	MV 140,000/- PV 42,321/2 NV 97,679/2 TGCim 30/8/19

Date/Time, File Pass to? ☐ : Preli. Report ☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Invs ($) ☐ : Weekend ($)

Report Format :

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

Survey Fee:

Transportation: S + RS, SI

Photos

Others

TOTAL