

10/01/19

Surveyor

REF: AIG

0491

ASSIGNMENT

From: Date: 5.9.2019

Estimated Cost:

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

To Inspect Vehicle No: SKN 3595B

at Workshop m/s Volkswagen
of 247 Alexandra Road

Insured:

Policy No.

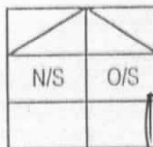
Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: 2.00 p.m Owner waiting

(Policy Condition)

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

Bal. or Market Value: 45K

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

mp

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKN 3595B Yr Regn: 2014 / Jan

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

Truck / Trailer or

Make: Volkswagen Golf A71.4 c.c. 1395

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

Sp. Reading: 104040 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WVW222AUZE W359494

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: 225/45R17

R: 225/45R17

BS / DUN / EXNOVA / GY / 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. 31/08/19 D.O.I. 05/09/19

Survey held at ALEXANDRA RD

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

O/S Rear

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation:

\$ + RS, SI

Photos

Others

TOTAL

Report Format :

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