

(08/11/13)

Surveyor

Taylor

REF: AIG

ASSIGNMENT

From:

Date:

11.09.2019

Estimated Cost:

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

To Inspect Vehicle No:

SKA 217A

at Workshop m/s

Volkswagen

of

247 Alexandra Road

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

12.00 p.m. Owner Washing

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

\$115K

IDAC Accident Report:

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

mup'

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SKA 217A

Yr Regn:

2016, Nov

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

Truck / Trailer or

Make:

Volkswagen Sharan

c.c.

1984

Colour:

white

A/C: Insured / Std / NI / NA

Sp. Reading

81341

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WVWZZZ7NZHV213456

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:

215 / 50 R17

R:

in

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.

D.O.I.

4/9/19. @ 12/15

Survey held at

VW Mercedes

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

Frt N/S

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:

Survey Fee:

Transportation:

\$ + RS, \$ SI

Photos

Others

TOTAL

Report Format :

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

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Weekend (\$)