ASS. T/E/L BY: Pavan REF: AIG 17081/M/B 2503

ASSIGNMENT

From: Date: 1.10.2019

Estimated Cost:

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

To Inspect Vehicle No: SGM 8016B

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 waiting

(Policy Condition)

N/S	O/S

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: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS inspe'

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SGM 8016B Yr Regn: 2018 JUN

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

Make: VOLKSWAGEN PASSAT 1.8PS c.c 1798

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

Sp.Reading: 29965 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WVWZZZ3CZJE220868

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: 215/55R17

R: --

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.	27/09/19	D.O.I.	01/10/19

Survey held at: VOLKSWAGEN

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. Inve ($)
: Weekend ($)

Survey Fee:	
Transportation:	
$ + RS ___ $I	
Photos:	
Others:	
TOTAL	

Report Forms :

Lump Sum / I.R.