

ASS. REC. BY:

Steve

REF:

III

ASSIGNMENT

From:

Date:

24.10.2019

Estimated Cost:

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

To Inspect Vehicle No:

SLQ 2603 R

at Workshop m/s

Vag Singapore

of

44 Toh Guan Road East #104-123

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

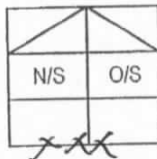
(Client's Record)

Make of Veh:

10-00am - 12-00pm On-site

(Policy Condition)

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



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

myr

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLQ 2603R

Yr Regn:

29/7/19

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

Truck / Trailer or

Make:

Audi A3

C.C

1798

Colour

Black

A/C: Insured / Std / NI / NA

Sp. Reading

112721

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

TRUZZZ 8P1A1007771

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:

11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Pirelli

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

9/10/19

D.O.I.

24/10/19

Survey held at

VAG

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

MV- 29000

24/10/19 Info until 5K up (JRM)

PV- 23719

NV- 5281

Date/Time, File Pass to?



Preli. Report

1)

Date/Time, File Return to?



Final Report

2)

Report Format:

Lump Sum / L.P. / C

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL