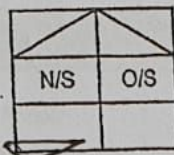


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SKT 6686X
 at Workshop m/s Volkswagen
 of 247, MEMORABLE RD
A14
 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: 48K
 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKT 6686X Yr Regn: 2015 / Jun
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: VOLKSWAGEN JETTA 1.4TSI c.c. 1390
 Colour: GOLD A/C: Insured / Std / NI / NA
 Sp. Reading: 17322 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WVW222162FM033898
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / 8Rim / STD A/Rim or
 Tyre Size: F: 205/55R16
 R: _____

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

Front		Rear
R/Bal. <u>6</u> mm		R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm		L/Bal. <u>6</u> mm
D.O.A. <u>18/08/2020</u>		D.O.I. <u>24/08/2020</u>

Survey held at Volkswagen

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

Rear N/S

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

Date/Time, File Return to?

2)

Rep. Format: _____

Lump Sum / I.E.P. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

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

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL