ASS. REC. BY: Adrian Ling

ASSIGNMENT

| From: | Date: | Veh No: **SDF 2129 X**   Yr Regn: **2017 / May.** |

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No:

Make: **Audi A4 Sedan**   c.c **1395**

at Workshop m/s

Colour **Black .**   A/C: Insured / Std / NI / NA

of

Sp. Reading **21105**   T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No: **WAUZZZF47HA066740**

Claims No.

Gen. Cond: **Good** / Fair / Poor / Burnt

Sum Insured: Excess:

Steering: **Inorder** / Jammed / Leaked / Burnt or

(Client's Record)

Brake: **Inorder** / Jammed / Leaked / Burnt or

Make of Veh:

Modi : Nil **/ S/Rim** / STD A/Rim or

Tyre Size: F: **245/40R18**

(Policy Condition)

R: **245/40R18 .**

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

| | N/S | O/S |

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

TOYO / YOKO or **Continental.**

Bal. or Market Value:

| Front | | Rear | |

IDAC Accident Rport: Consistent? : **Yes** or **No**

R/Bal. **06**   mm   R/Bal. **06**   mm

GIA / PR Seen: Consistent? : **Yes** or **No**

L/Bal. **06**   mm   L/Bal. **06**   mm

Est. Repairs: days   Res.: **Yes** or **No**

D.O.A.   D.O.I. **25/04/18**

Lum Sum: %   3 Val.: **Yes** or **No**

Survey held at **Premium .**

CA / REV / REP. / 24 HRS

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

Vehicle: **IN / OUT**

Date: Person Contacted:

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

Date / Time	Action / Instruction
	TP A (G) .

Date/Time, File **Pass** to?   [ ] : **Preli. Report**   Days Of Repair:

1)   [ ] : **Final Report**   Resurvey No. of Trip: Survey Fee:

Date/Time, File **Return** to?   Transportation:

2)   Add Fee: [ ] : Site Insp ($) __S + RS,__SI

[ ] : Interview ($) Photos

[ ] : Tech. Invs ($) Others

Report Format :   [ ] : Weekend ($)

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