

Summary

REF: EQI

ASSIGNMENT

From: Date: 17/04/18

Estimated Cost:

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

To Inspect Vehicle No: SLC 0768K
at Workshop m/s Premium Automobile
of 55 Ubi Road 1

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record) 11 am - 12 pm @

Make of Veh: owner waiting
master

(Policy Condition)

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

Bal. or Market Value:

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 'up'

Date: Person Contacted:

Vehicle: IN / OUT

Date / Time Action / Instruction

TP EQ

Veh No: SLC7681C Yr Regn: 2016 / June

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

Truck / Trailer or

Make: Audi A4 Sedan, C.C. 1395

Colour: Black, A/C: Insured / Std / NI / NA

Sp. Reading: 34242, T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAU22ZF46GA100533

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / STD A/Rim or

Tyre Size: F: 245/40R18

R: 245/40R18

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm

R/Bal. 06 mm

L/Bal. 06 mm

L/Bal. 06 mm

D.O.A.

D.O.I. 17/04/18

Survey held at Premium.

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. File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time. File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee: ☐ : Site Insp (\$)

) \$ + RS. \$

☐ : Interview (\$)

) Photos

☐ : Tech. Invs (\$)

) Others

☐ : Weekend (\$)

)

Report Format :

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

TOTAL