REF: CC3/AZH180182132/Arbez

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No. 1800019009

Claims No. 529667968456

Sum Insured: Excess: $0.00

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: 150K.

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLW7944S. Yr Regn: 2018 March.

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

Make: Audi A4 Sedan c.c 1984.

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

Sp.Reading 15582 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAUZZF4XJA069086.

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: 225/50R17.

R: 225/50R17.

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.	08/10/18.	

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	Action / Instruction
	OD ALG.
12/10/18	James informed owner claim TP instead of OD
15/10/18	Submit preli report

RECEIVED 15 OCT 2018

Date/Time, File Pass to?

1) typist

Date/Time, File Return to?

2)

[/] : Preli. Report

[ ] : Final Report

Days Of Repair: 3 -

Resurvey No. of Trip: -

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Invs ($)

[ ] : Weekend ($)

Report Format : 06.

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

Survey Fee:	200
Transportation:	
___S + RS.___SI	
Photos	
Others	10
TOTAL	210