wef
REC. BY: Marcus

REF: C71

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SKB 7835R

at Workshop m/s Car only

of

Insured:

Policy No.

Claims No:

Sum Insured: Excess: $ 1,500/-

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

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

Bal. or Market Value: 41500/

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

4432862

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted: Lett 8638

Veh No: SKB 7835R Yr Regn: 28/6/11

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

Make: Audi A4 TFSI c.c 1798

Colour: Wh. R A/C: Insured / Std / NI / NA

Sp.Reading: 150610 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAUZZZ8K6BA172342

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: 245/40ZR

R:

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	Burst mm
L/Bal.	5 mm	L/Bal.	4 mm
D.O.A.	9/4/19	D.O.I.	12/4/19

Survey held at

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or O/S Rear, n/s rear, Rear

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

Date / Time	Action / Instruction
	TOTOL LOSS 2yrs 2mth 29/12
	Remark Rear O/S tyre burst.
	Submit total loss as not economical for repair

RECEIVED 1 APR 2019

Date/Time, File Pass to? 24/04/19 Typist

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☑ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) S + RS SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format : total Loss

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