

ASS. REC. BY:

REF:

Adrian

ASSIGNMENT

From:

Date:

Veh No:

8KP70H-

Yr Regn:

2014 June

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 A6

c.c

1984

at Workshop m/s

Colour

BronzeA/C: ☐ Insured / ☐ Std / ☐ Nil / ☐ NA

of

Sp. Reading

99949T/Radio: ☐ Insured / ☐ Std / ☐ Nil / ☐ NA

Insured:

Eng/No:

Policy No.

C/No:

WAU2224G7EN10C024

Claims No.

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt

Sum Insured:

Excess:

Steering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

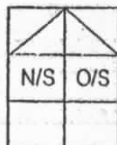
(Client's Record)

Brake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Make of Veh:

Modi: ☐ Nil / ☒ SRM / ☐ STD A/Rim or

(Policy Condition)

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

Bal. or Market Value:

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:

Tyre Size: F:

255/40R19

R:

255/40R19

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal.

ob

mm

R/Bal.

ob

mm

L/Bal.

ob

mm

L/Bal.

ob

mm

D.O.A.

D.O.I.

15/05/19

Survey held at

PremierDes. 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

TP AIG

MV:

PV:

Nett:

Date/Time, File Pass to?

Date/Time, File Return to?

Part Prices Check:

IN

OUT

Survey Fee:

Date:

Basic & Add.

S + RS, SI

Photos

Others

TOTAL

1)

2)

3)

4)

5)

6)

Prel. Report:

Final Report: