

REF: CC3/AIG 19010397/ ASD13

## ASSURANCE

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_  
at Workshop m/s \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No.

Claims No. \_\_\_\_\_

Sum Insured: Excess: \$0/-

(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: 851c

|                      |                         |
|----------------------|-------------------------|
| IDAC Accident Report | Consistent? : Yes or No |
|----------------------|-------------------------|

GIA / PR Seen: Consistent? : Yes or No

| Est. Repairs: | days | Res: | Yes or No |
|---------------|------|------|-----------|
| 1             | 1    |      |           |
| 2             | 2    |      |           |
| 3             | 3    |      |           |
| 4             | 4    |      |           |
| 5             | 5    |      |           |
| 6             | 6    |      |           |
| 7             | 7    |      |           |
| 8             | 8    |      |           |
| 9             | 9    |      |           |
| 10            | 10   |      |           |
| 11            | 11   |      |           |
| 12            | 12   |      |           |
| 13            | 13   |      |           |
| 14            | 14   |      |           |
| 15            | 15   |      |           |
| 16            | 16   |      |           |
| 17            | 17   |      |           |
| 18            | 18   |      |           |
| 19            | 19   |      |           |
| 20            | 20   |      |           |
| 21            | 21   |      |           |
| 22            | 22   |      |           |
| 23            | 23   |      |           |
| 24            | 24   |      |           |
| 25            | 25   |      |           |
| 26            | 26   |      |           |
| 27            | 27   |      |           |
| 28            | 28   |      |           |
| 29            | 29   |      |           |
| 30            | 30   |      |           |
| 31            | 31   |      |           |
| 32            | 32   |      |           |
| 33            | 33   |      |           |
| 34            | 34   |      |           |
| 35            | 35   |      |           |
| 36            | 36   |      |           |
| 37            | 37   |      |           |
| 38            | 38   |      |           |
| 39            | 39   |      |           |
| 40            | 40   |      |           |
| 41            | 41   |      |           |
| 42            | 42   |      |           |
| 43            | 43   |      |           |
| 44            | 44   |      |           |
| 45            | 45   |      |           |
| 46            | 46   |      |           |
| 47            | 47   |      |           |
| 48            | 48   |      |           |
| 49            | 49   |      |           |
| 50            | 50   |      |           |
| 51            | 51   |      |           |
| 52            | 52   |      |           |
| 53            | 53   |      |           |
| 54            | 54   |      |           |
| 55            | 55   |      |           |
| 56            | 56   |      |           |
| 57            | 57   |      |           |
| 58            | 58   |      |           |
| 59            | 59   |      |           |
| 60            | 60   |      |           |
| 61            | 61   |      |           |
| 62            | 62   |      |           |
| 63            | 63   |      |           |
| 64            | 64   |      |           |
| 65            | 65   |      |           |
| 66            | 66   |      |           |
| 67            | 67   |      |           |
| 68            | 68   |      |           |
| 69            | 69   |      |           |
| 70            | 70   |      |           |
| 71            | 71   |      |           |
| 72            | 72   |      |           |
| 73            | 73   |      |           |
| 74            | 74   |      |           |
| 75            | 75   |      |           |
| 76            | 76   |      |           |
| 77            | 77   |      |           |
| 78            | 78   |      |           |
| 79            | 79   |      |           |
| 80            | 80   |      |           |
| 81            | 81   |      |           |
| 82            | 82   |      |           |
| 83            | 83   |      |           |
| 84            | 84   |      |           |
| 85            | 85   |      |           |
| 86            | 86   |      |           |
| 87            | 87   |      |           |
| 88            | 88   |      |           |
| 89            | 89   |      |           |
| 90            | 90   |      |           |
| 91            | 91   |      |           |
| 92            | 92   |      |           |
| 93            | 93   |      |           |
| 94            | 94   |      |           |
| 95            | 95   |      |           |
| 96            | 96   |      |           |
| 97            | 97   |      |           |
| 98            | 98   |      |           |
| 99            | 99   |      |           |
| 100           | 100  |      |           |

|          |   |                   |
|----------|---|-------------------|
| Lum Sum: | % | 3 Val.: Yes or No |
|----------|---|-------------------|

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SLC877SL Yr Regn: 2016 May

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

Truck / Trailer or

Maka: Audi A3 Sedan. c.c 1395

Colour: Grey A/C: Insured / Std / Nil / NA

Sp. Reading: 80540 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAU2228V561089776

Gen. Cond. Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Model: Nil / ~~S/Rim~~ / STD A/Rim or

Tyre Size: F: 205/55R16

R: 205/55R16

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

Front

|        |    |    |        |    |    |
|--------|----|----|--------|----|----|
| R/Bal. | Oh | mm | R/Bal. | Oh | mm |
|--------|----|----|--------|----|----|

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

D.O.A. D.O.I. 12/16/9.

Survey held at Premier

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

The UFC / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction                   |
|-------------|----------------------------------------|
|             | OD AIG.                                |
|             | SIC 8776L - CC3/AIG 18005226 / Avd 3m2 |
|             | DOA-13/07/2018                         |
|             | MV :                                   |
|             | PV :                                   |
|             | Nett:                                  |

|                          |                            |                           |     |                     |       |
|--------------------------|----------------------------|---------------------------|-----|---------------------|-------|
| Date/Time, File Pass to? | Date/Time, File Return to? | <u>Part Prices Check:</u> |     | Survey Fee:         | Date: |
| 1)                       | 2)                         | IN                        | OUT | Basic & Add.        |       |
| 3)                       | 4)                         |                           |     | ___ \$ + RS, ___ SI |       |
| 5)                       | 6)                         |                           |     | Photos              |       |
| Pref. Report:            |                            |                           |     | Others              |       |
| Final Report:            |                            |                           |     | TOTAL               |       |