(23/6/03)
ASS. REC. BY: Adrian

REF:

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.

Claims No.

Sum Insured: Excess:

(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:

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: SJY8869H. Yr Regn: 2017 / Dec

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

Make: Audi A3 Sedan. c.c 999.

Colour Red A/C: Insured / Std / NI / NA

Sp.Reading 25703. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAUZZZ8V7J1022748.

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: 205/55R16.

R: 205/55 R16

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

Front		Rear	
R/Bal.	ob mm	R/Bal.	ob mm
L/Bal.	ob mm	L/Bal.	ob mm
D.O.A.		D.O.I.	26/07/19.

Survey held at Premium.

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Front o/s.

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

Date / Time	Action / Instruction
	TPAIG.
	MV :
	PV :
	Nett :

Date/Time, File Pass to?	Date/Time, File Return to?
1)	2)
3)	4)
5)	6)

Preli. Report:

Final Report:

Part Prices Check:

IN	OUT

Survey Fee: Date:

Basic & Add.

__ S + RS, __ SI

Photos

Others

TOTAL