

ASS. REC. BY: IssueREF: ALGCC3/ALG19016224/Rlyd3

ASSIGNMENT

excess \$1000

From MerimenDate: 12/09/2019Veh No: SKW 6344Yr Regn: /

Estimated Cost:

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

Truck / Trailer or

OD / P / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SKW 6344Make: Audi

C.C.

at Workshop m/s

Premium AutomobileColour: WhiteA/C: Insured / Std / NI / NAof 24 Benoi SectorSp. Reading: 30868T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No: WA 42224m54 D028696

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess: TBASteering: Order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Order / Jammed / Leaked / Burnt or

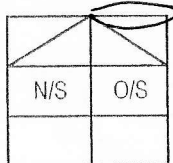
Make of Veh:

Before 2pm
EzuwanModi: Nil / S/Rim / STD A/Rim or

(Policy Condition)

Tyre Size: F: 255/55R19

R:

Remark: The veh had commenced its
repair at the time of inspection.BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt: Consistent? : Yes or No

R/Bal. 6 mmR/Bal. 6 mm

GIA / PR Seen: Consistent? : Yes or No

L/Bal. 6 mmL/Bal. 6 mm

Est. Repairs: days Res.: Yes or No

D.O.A.

D.O.I.

Lum Sum: % 3 Val.: Yes or No

Survey held at

PREMIUMCA / REV / REP. / 24 HRS

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

FRT O/S

Date: Person Contacted:

Vehicle: IN / OUT

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

Date / Time	Action / Instruction
	SKW 6344 - NA / INC16017199 / h4
16/9/19	Revert via Merimen
17/9/19	Ins wrong assignments <u>Celine 21/10/19</u>

Date/Time, File Pass to?



Prel. Report

Days Of Repair:

1)



Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee: ☐ Site Insp (\$)

Survey Fee:

Transportation:

Report Format:

Lump Sum / LBJ: (\$)

☐ Interview (\$)☐ Tech. Invs (\$)☐ Weekend (\$)

Photos

Others

TOTAL