

ASS. REC. BY:

Adrian

REF:

A19

169981 A19

ASSIGNMENT

From:

Date:

1/10/19

Estimated Cost:

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

To Inspect Vehicle No:

SBG 676P

at Workshop m/s

premium

of

55 ubi Road 1

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

2pm

(Policy Condition)

Remark: The veh had commenced its

repair at the time of inspection.

N/S	O/S

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

Lump Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

1up

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SBG676P

Yr Regn: 2016 / Dec.

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

Truck / Trailer or

Make:

Andi. A4

C.C 1385

Colour

Black

A/C: Insured / Std / NI / NA

Sp.Reading

43692

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WAUZZ2F48HA055603

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil / ☒ S/Rim / STD A/Rim or

Tyre Size:

F:

205/60 R16

R:

205/60 R16

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

TOYO / ☒ YOKO or

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

01/10/19

Survey held at

Premium

Des. 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

TPA16.

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format:

Lump Sum / LBJ: (\$)

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Weekend (\$)