

ASS. REC. BY:

Steve

REF:

AIG

199321 (K)

ASSIGNMENT

From:

Date: 15.11.2019

Estimated Cost:

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

To Inspect Vehicle No: SDL 3212A

at Workshop m/s Premium

of 281 Alexandra Rd

Insured:

Policy No.

Claims No.

Sum Insured:

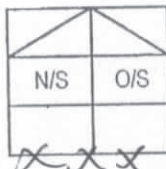
Excess:

(Client's Record)

Make of Veh: 1.30pm amw Wamy

(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:

Veh No:

SDL 3212A

Yr Regn:

27/11/15

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

Truck / Trailer or

Make:

Audi Q3

C.C.

1395

Colour:

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

53920

T/Radio: Insured / Std / NI / NA

Eng/No:

WVA 222 84 6 GR 042507

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

235/55R17

R:

11

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

TOYO / YOKO or

Pirelli

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 10/11/19

D.O.I. 15/11/19

Survey held at

Premium, Alexandra Road

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

MK - 88K

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Rep. Format:

Lump Sum / L.B. / C

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$)



: Interview (\$)



: Tech. Invs (\$)



: Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL