

AG CC3/AG19021390/Asf3

Minim

ASSIGNMENT

From

Date

4/12/19

Veh No

SKA8983A

Y Regn

2019 Sept

Estimated Cost:

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

To inspect Vehicle No:

SKA8983A

at Workshop m/s

premium

at

55 Ubi Road 1

Insured:

Policy No:

Claims No:

Sum Insured:

Excess:

7BA \$550/-

(Client's Record)

Make of Veh:

10:30am

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value

165K.

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04 hrs

days

Res.: Yes or No

Lum Sum:

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

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

Truck / Trailer or

Make:

Audi A4

CC 1984

Colour:

White

A/C: Insured / Std / NI / NA

Sp. Reading

3877

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WAUZZ2F4XKA101603.

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: 205/60 R16.

R: 205/60 R16.

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

TOYO / YOKO or

Continental.

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

04/12/19.

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

OD A16.

SKA 8983A - X

04/12/19

@ 13:56 pm revised PA to A16 via minim.

04/12/19

@ 14:01 pm mandate requested authorize repair to A16 via minim.

04/12/19

@ 17:42 pm mandate approved by kok dng via minim.

04/12/19

@ 18:27 pm informed C/A to Tony (owner) via email.

pp \$6,111.76 @ 4 days (\$5,889.24 Red - 49%)

Date/Time, File Path:

☐

Preli. Report

1) Typ:4

☒

Final Report

Date/Time, File Path:

Days Of Repair:

4

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

Site Fee: \$

Travel:

Other:

Total:

Add Fee:

☐

Site Insp: \$

☐

Interview: \$

☐

Tech. Insp: \$

☐

Workshop: \$

Report Form:

1) Typ:4

\$6,111.76 pp