

ISS. REC. BY:

REF:

ALG CC31/ALG 17021790/As f3

ASSIGNMENT

From

Date:

10/12/19

Estimated Cost:

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

To Inspect Vehicle No:

SJH 3033A

at Workshop m/s

Premium

of

55 Ubi Rd 1

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

9400/-

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

90k.

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04/8/19

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:

SJH 3033A

Yr Regn: 2018 / Jan.

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

Truck / Trailer or

Make:

Audi Q2

C.C 999

Colour:

Orange.

A/C: Insured / Std / NI / NA

Sp. Reading

38487.

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WAU222GAGJA043704.

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

Tyre Size:

F:

215/60R16.

R:

215/60R16.

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.

16/12/19.

Survey held at

Premium.

Des. of Damages: Frt / Rear / ☒ O/S / NIS / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

OD ALG.

SJH 3033A - NA / ALG 17021790 / r3

DOA 02/06/2017

P/P \$ 5,140.80 @ 4 days confirmed with Mr. Soo. (\$8,526.20 Red - 62%;

11/12/19 @ 10:12 am revised PA to Foo Chee Tan via merimer.

11/12/19 @ 10:15 am mandate requested authorize repairs repair to
AIA via merimer.

11/12/19 @ 15:02 pm mandate approved by Lois Chee via merimer

11/12/19 @ 15:46 pm informed da to Tony (repairer) via email

Date/Time, File Pass to?

☐

Preli. Report

1) Typist

☒

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

4

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Week end (\$

\$ + RS \$

Photos

Others

Report Format:

Lump Sum / L.B.:

\$ 5,140.80 / P

TOTAL