

Ala CC3/A1G 20000879/Asf3

ASSIGNMENT

From: _____ Date: 14/01/2020 Vch No: SKH 9813P Yr Regd: 2013 / Jan.

Estimated Cost: _____
 (OD / TP / WS / TP RES / OD RES / EVA / INV / MV)
 To inspect Vehicle No: SKH 9813P
 at Workshop n/s: premium
 of: 55 ubi Road 1
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: ~~1BA \$800/-~~
 (Client's Record)
 Make of Vch: 3pm
 (Policy Condition)
 Remark: The vch 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
 Lum Sum: _____ % 3 Val: Yes or No
 CA / (REV) / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Vch No: SKH 9813P
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Audi A4 cc 1798
 Colour: Gold A/C Insured / Std / NI / NA
 Sp Reading: 108099 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WAU2228K6DA 057823.
 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: 225/50R17
 R: 225/50R17
 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. 14/01/20
 Survey held at: Premium
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 Front N/S.
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
15/01/20	DDAIG SKH 9813P-X @ 09:14 am revised PA to Azlan, Syazwinda via minivan MV: 551C. PV: 43.5K Nett: 11.51C
15/01/20	@ 09:17 am mandate requested authorize repair to ACC u's minivan

Date/Time, File Pass by: _____
 () : Preli. Report
 () : Final Report
 Date/Time, File Return by: _____
 () : Site Insp (\$)
 () : Interview (\$)
 () : Tech Insp (\$)
 () : Workshop (\$)

Days Of Repair: _____
 Resurvey No. of Trip: _____
 Survey Fee: _____
 Transportation: _____
 Photo: _____
 Other: _____

Report Summary: _____
 Lump Sum / HEI: _____