

meimen

ASSIGNMENT

From: Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: 115k

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 10 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SMQ 230J. of Reg: 2019 Oct

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

Truck / Trailer or

Make: Audi A3 Sedan. 999.

Colour: Silver. A/C: Insured / STD / NI / NA

Sp. Reading: 3326. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAU2228V2KA108678

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / 6/Rim / STD A/Rim or

Tyre Size: F: 205/55R16.

R: 205/55R16.

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

TOYO / YOKO or

BRIDGESTONE

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. D.O.I. 22/01/20

Survey held at Premium.

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Front o/s, u/c.

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

OP AIG.

SMQ 230J-X

23/01/2000, 02m report to Victor via Meimen.

MV: 115K 30/1 @ 11:15am inform my victor authorize.

PV: 48.7K 30/1 @ 12:pm inform premium authorize repair

Nett: 66.3K

Confirm \$17,014.88 (Red: 14100.12 :45%)

Date/Time, File Pass to?



: Preli. Report

11/5 Typist



: Final Report

Date/Time, File Return to?

Days Of Repair: 10.

Resurvey No. of Trip:

Survey Fee:

Transportation

Arid Fee: ☐ Site Insp (\$☐ Interview (\$☐ Tech. Insp (\$☐ Trip (\$

Repair Format:

Date/Time/IDB/1

17014.88

200

11

211