

ASS. REC. BY:

REF: **AIG**

2215 / Ae

ASSIGNMENT

From: _____ Date: **12.2.2020**

Estimated Cost: _____

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

To Inspect Vehicle No: **SLQ 2624E**

at Workshop m/s **Premium**

of **55 Ubi Road 1**

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: **100% in owner waiting**

Veh No: **SLQ2624E** Yr Regn: **2017 June**

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

Truck / Trailer or _____

Make: **Audi A4** c.c **1395**

Colour: **Red** A/C: **Insured / Std / NI / NA**

Sp. Reading: **37761** T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: **WAU22F42HA171220**

Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: **Inorder** / Jammed / Leaked / Burnt or _____

Brake: **Inorder** / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: **205/60R16**

R: **205/60R16**

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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 **np**

Date: _____ Person Contacted: _____ Vehicle: **IN / OUT**

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. 12/02/20

Survey held at **Premium**

Des. of Damages: **Fr / 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
	TP ALG.

Date/Time, File Pass to? : **Preli. Report**

1) : **Final Report**

Date/Time, File Return to? _____

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

_____ \$ + RS. _____ SI

Photos _____

Others _____

TOTAL _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Report Format: _____

Lump Sum / T.B.E. (\$ _____)