

ASSIGNMENT

From: _____ Date: 17.2.2020
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SMI# 76505
 at Workshop m/s Premium Automobiles
 of 281 Alexandra Road
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: \$1600-
 (Client's Record)
 Make of Veh: 10am ownr waitng

Veh No: SMF 76505 Yr Regn: 2018/NOV
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Audi A4 Sedan 2.0TFSI c.c. 1984
 Colour: BLACK A/C: Insured / Std / NI / NA
 Sp. Reading: 28458 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WAAZ22F41JA081451
 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: 205/60R16
 R: -

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: 123k
 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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or CONTINENTAL

Front	Rear
R/Bal. <u>6</u> mm	R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>6</u> mm
D.O.A. <u>12/6/2020</u>	D.O.I. <u>17/6/2020</u>

 Survey held at PREMIUM
 Des. of Damages: Frnt / Rear / O/S / N/S UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>17/2/2020-11:43</u>	<u>Request mandate</u>
<u>20/2/2020-11:27</u>	<u>Mandate approval by Victor, Labour & photo require.</u>
<u>20/2/2020-3:43pm</u>	<u>Email premium authorise repair</u>
	<u>Part my part \$2662.96</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report
 Date/Time, File Return to? _____
 Report Format: _____
 Lump Sum / L.B.I: (\$ _____)

Days Of Repair: 5
 Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$) _____
 : Interview (\$) _____
 : Tech. Invs (\$) _____
 : Weekend (\$) _____

Survey Fee: _____
 Transportation: _____
 S + RS, SI _____
 Photos _____
 Others _____
 TOTAL _____