

CC3/A14 20002836/Atd3

> B:

Merimen

ASSIGNMENT

Date: _____
 Est. Cost: _____
 OD / WS / TP RES / OD RES / EVA / INV / MV
 To Rep: Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured _____
 Policy No: _____
 Claims No: _____
 Sum Insured _____ Excess: **600**
 (Client's Record)
 Make of Veh: _____

Veh No: **SKZ901H** Reg: **2019 July**
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **Audi A3 SB** CC: **999**
 Colour: **Green** A/C: Insured / Std / NI / NA
 Sp. Reading: **8382** T/Radio: Insured / Std / NI / NA
 Eng No: _____
 C/No: **WAU228V9KA090969**
 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: **205/55R16**
 R: **205/55R16**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

(Policy Condition)
 Remark: The veh 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. Repair: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Front _____ Rear _____
 R/Bal. **06** mm R/Bal. **06** mm
 L/Bal. **06** mm L/Bal. **06** mm
 D.O.A. _____ D.O.I. **18/02/20**
 Survey held at **Premium**
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	DDALB
	SKZ901H - CC3/A14/9014295/Atd3e2
	DUR: 10/08/2019
	MV: 100K 19/2 - Revert via merimen
	PV: 45.6K 20/2 - 16:50 mandate request approval
	Nett: 54.4K 20/2 @ 4:57 PM email premium authorise
	Excess \$600
	Part by Part \$14,730.40 Cred: B18760:4314

Date/Time: File Pass to? : Prel. Report
 : Final Report
 Date/Time: File Return to? **22/4/2020 typist**
 Days Of Repair: _____
 Resurvey No. of Trip: _____
 Survey Fee: _____
 Transportation: _____
 Photos: _____
 Other: _____
 Add Fee: Site Insp (\$)
 Interview (\$)
 Tech. Insp (\$)
 Wheel (\$)
 Report Format: **7**
 Total Sum / Net: **14,730.40**