ASS. REC. BY:

REF: CC3/AIG20005202/Acf3.

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. 1900114746

Claims No. 5401997239SG

Sum Insured: Excess: $800

(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:

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMM4965S Yr Regn: 2019, June

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

Make: Audi A4. c.c 1984

Colour White A/C: Insured / Std / NI / NA

Sp.Reading 3855 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAUZZZF41KN011524

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

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.	14/04/20

Survey held at Premium

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

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

Date / Time	Action / Instruction
	OD A16
27/1 10.26am	Confirmed final Sig $30,356.96 with Carrine. (Red.1880 T.04,38%)
	MV : 128
	PV : 73.6K
	Nett : 54.4K .

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☑ : Final Report

Days Of Repair: 10

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Weekend ($)

Report Format : OD

Lump Sum / T.P.D. : $30,356.96

Survey Fee:	
Transportation:	
$ + RS. SI	
Photos	
Other:	
TOTAL	