Ref. Inc. No. | Ref: CC3/AIG 20005281/Aff3

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. 2070009740

Claims No. 6788679769

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:

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMR8851J Yr Regn: 2020 / Jan

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

Make: Audi A4 c.c 1984

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

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

Eng/No:

C/No: WAUZZZF47KA110303

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: 205/60 R16.

R: 205/60 R16.

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.	17/04/20

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 A/G. Potential Total Loss. Submit uneconomical total loss
	MV: 165000/-
	MV: 165K New Car Price ≃ 188K. LTA: 66.283/-
	PV: 66.3K NV: 98.717/-
	Nett: 98.7K

Date/Time, File Pass to? 1) 21/4 Typist

Date/Time, File Return to? 2)

☐ : Preli. Report

☑ : Final Report

Report Format: OD-TL

Days Of Repair: –

Resurvey No. of Trip: –

Add Fees: ☐ Site Insp ($) ☐ Interview ($) ☐ Deb. Inv. ($) ☐ Other ($)

Survey Fee:

Transportation: 3 x PS SI

Photos

Other:

Total: