ASS. REC. BY: Rosul | REF: CC3/AIG 2000 6091/Ryf3 | 9940

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SLP 7744P

at Workshop m/s PREMIUM

of 281, NEMBRA RD

Insured: AIG

Policy No.

Claims No.

Sum Insured: Excess: ~~XXX~~ $1000

(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: 142K

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: SLP 7744P Yr Regn: 2017 / Jun

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

Make: Audi Q5 SPORT 2.0 TFSI QU c.c 1984

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

Sp.Reading 34881 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAUZZZFY3H2022456

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Jammed / Leaked / Burnt or

Brake: Jammed / Leaked / Burnt or

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

Tyre Size: F: 255/45R20

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	08/05/2020	D.O.I.	02/06/2020

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 AIG
	Confirm Final Fig $19008-40 (Red $28341-60, 59%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 3/11/20 Typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 2

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

Report Format :

Lump Sum / I.B.I: ($ $19008-40)

Survey Fee:

Transportation: S + RS SI

Photos

Others

TOTAL