

ASS. REC. BY:

REF:

CC3/AIG20007090/R1sf3

642H

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SMG 8293M

at Workshop m/s PREMIUM

of 281, ALEXANDRA RD

Insured: AM

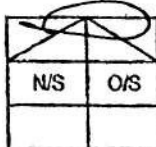
Policy No.

Claims No.

Sum Insured: Excess: TBA
(Client's Record) \$ 600.00

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Sal. or Market Value: 158K

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SMG 8293M

Yr Regn: 2018 / OCT

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

Truck / Trailer or

Make:

Audi Q5 Sport 2.0 TFSI cc 1984

Colour:

BLUE

A/C: Insured / Std / NI / NA

Sp. Reading:

36734

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WAY222FY2J2197223

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:

235/55R19

R:

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

Front

R/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

02/07/2020

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

FINALIZED P/P \$ 10,219.36/3 DAYS WITH JB
(\$ 15,436.64/RED - 60%)

Date/Time, File Pass to?



: Prefi. Report



: Final Report

1) TYPIST

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Rep. Format:

Lump Sum / LBA \$ 10,219.36 P/P