

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. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SGQ313A - Yr Regn: 2016 April
 Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Audi A4 c.c. 1395
 Colour: Silver A/C: Insured / Std / NI / NA
 Sp. Reading: 65598 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WAUZZZF4XGA024898
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: (In order) / Jammed / Leaked / Burnt or _____
 Brake: (In order) / Jammed / Leaked / Burnt or _____
 Mod: Nil / (S/Rim) / STD A/Rim or _____
 Tyre Size: F: 225/50R17
 R: 225/50R17
 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. 04/08/20
 Survey held at Premier
 Des. of Damages: (Ft) / Rear / O/S / N/S / U/C / Rooftop or _____
 The U/C / Chassis frame / Body Structure affected due to collision

(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. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
	<u>OD AIG.</u>
<u>09/06/2021</u>	<u>Confirm repair cost \$25,304.32 @ 10 days before GST and excess \$300.00 with Carrine. (Red \$17,842.68 ; 41%) (mix part)</u>
	<u>MV : 78k (Depreciation @ 11.5K x 5.8yrs + 11.5K ≈ 78k)</u>
	<u>PV : 52.3k</u>
	<u>Nett. 25.7k</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to? _____
 2) _____
 Report Format: OD
 Est. Sum / I.B. etc: IBI \$25,304.32

Days Of Repair: 10
 Resurvey No. of Trip: _____
 Add Fee: : Site Insp (\$) _____
 : Interview (\$) _____
 : Tech. Insp (\$) _____
 : Meet and (\$) _____
 Survey Fee: _____
 Transportation: _____
 3 + RS. SI _____
 Extras _____
 Others _____
 TOTAL _____