ASS. REC. BY: Rasul REF: CS/CTI 20008391/Risf3 4752

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SMM 3355J

at Workshop m/s PREMIUM

of 281, ALEXANDRA RD

Insured: CTI

Policy No. _____

Claims No. _____

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: 93K

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: SMM 3355J Yr Regn: 2018 / SEP

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

Make: AUDI A3 SPORTBACK 1.0 TFSI c.c 999

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

Sp.Reading 39938 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZ8V9JA153812

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Norder / Jammed / Leaked / Burnt or _____

Brake: Norder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 205/55R16

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.	12/08/2020	D.O.I.	14/08/2020

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
	RASUL CONFIRMED P/P $ 4,747.40/5 DAYS WITH JIA YEE
	($ 2,808.60/RED - 37%)

Date/Time, File Pass to?
1) 03/11/2020 TYPIST

Date/Time, File Return to?
2) _____

☐ : Preli. Report
☑ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 1

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

Survey Fee:
Transportation:
__S + RS__SI
Photos
Others
TOTAL

Report Format : _____

Lump Sum / I.B.I. : P/P $ 4,747.40/)