

ASS. REC. BY:

REF:

CC3/ A1G 2000 8454/ A9-f3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

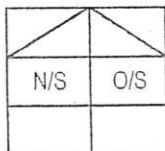
Insured: _____

Policy No. **1800143196-01**Claims No. **5447287134SG**Sum Insured: _____ Excess: **600**

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: **3** 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: **SMF9486L** Yr Regn: **2018, Nov**Type: **M.Cap** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Audi A3** C.C. **999**Colour: **White** A/C: Insured / Std / NI / NASp. Reading: **34481** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **WAUZZZ8V6KA008776**Gen. Cond: **Good** / Fair / Poor / BurntSteering: **In order** / Jammed / Leaked / Burnt orBrake: **In order** / Jammed / Leaked / Burnt orModi: Nil / **S/Rim** / STD A/Rim orTyre Size: F: **205/55R16**R: **205/55R16**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front _____ Rear _____

R/Bal. **21** mm R/Bal. **06** mmL/Bal. **06** mm L/Bal. **06** mmD.O.A. _____ D.O.I. **13/08/20**Survey held at **Premier**

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear N/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	2nd DD A1G. Accident.
14/08/20	C3499 revert to Victor via Merimen.
18/08/20@2.54pm	Victor informed C/A via Merimen.
MV: 931C	18/08/20@3.06pm Informed Nadia C/A & ex:\$600 by email.
PV:	14/12/20@5.33pm confirmed with Jia Yee final fig \$4052.88, 3 days.
Nett:	(Red \$10552.12, 72%)

Date/Time, File Pass to?



Prel. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair: **3**Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format: **MER-OD**Total Sum / LBJ/C: **4052.88**Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech. Invs (\$)☐ Weekend (\$)