

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.

1700058585

Claims No.

172262563586

Sum Insured:

Excess:

600

(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:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

13 days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLS69316.

Yr Regn:

2017 / Sept

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

Truck / Trailer or

Make:

Audi A3 Sedan . c.c 1999

Colour

Red.

A/C:

Insured / Std / NI / NA

Sp. Reading

51237.

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WAU2228VSJ1013790

Gen. Cond. Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/55 R16

R:

205/55 R16

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

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

19/08/20

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 A16.
	Confirm final figure \$17,942.08, 13 days (Red: 736392:29%)
	MV: 80K
	PV: 42.7K
	Nett: 373K
	re-confirm final figure \$17662.08 after remove labour 1 \$280.

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

13

Resurvey No. of Trip:

-

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

3 + PS. \$1

Photos

Others

TOTAL

Report Format:

OD

Lump Sum / L.P.C.:

17942.08