ASS. REC. BY: | REF: CC3/AIG 20010105/Asf3

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: $550/-

(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 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: SMG8854 Yr Regn: 2019, Sept.

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

Make: Audi A4 c.c 1984

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

Sp.Reading 6123. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAUZZZF47KA110579

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: 245/40R18

R: 245/40R18

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.	21/09/20.

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 AIG.
	MV : 132K.
	PV : 62.8K
	Nett : 69.2K.
	P/P $ 20,481.60 / 6 days, finalised with Carsine.
	($ 13,847.48 Red - 40%)

Date/Time, File Pass to? ☐ : Preli. Report

1) Typist ☑ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weed end ($)

Survey Fee:

Transportation: S + RS S

Photos

Others

TOTAL

Report Format :

Lump Sum / L.B. : $ 20,481.60 P/P