ASS. REC. BY: Rasul   REF: C C3/A14 200 10780/R1 d3   8432

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLX 7015

at Workshop m/s   PREMIUM

of   BENOI

Insured: _____

Policy No. _____

Claims No. _____ $1,600.00

Sum Insured: _____   Excess: ~~TBA~~

(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: 135K

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

Date: _____ Person Contacted: _____

Veh No: SLX 7015 T   Yr Regn: 2018 / APR

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

Make: AUDI A5 SB 2.0 TFSI STRONIC.c 1984

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

Sp.Reading 31699   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZF58JA 07 5557

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: _____

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.	01/10/2020		D.O.I.	06/10/2020	

Survey held at   PREMIUM

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

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

Date / Time	Action / Instruction
	15/10/2020 @ 10:09 AM CHECKED WITH TONY VIA PHONE CALL, OWNER DECIDED WITHDRAWN THIS OD CLAIM AND CONVERT TO TP

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

12/01/2021
1) TYPIST   ☐ : Final Report

Date/Time, File Return to?

2) _____

Rep. Format : _____

Lump Sum / I.B.R. ($ _____)

Days Of Repair: 6

Resurvey No. of Trip: 1

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

Survey Fee: _____

Transportation: _____

S + RS.___ SI _____

Photos _____

Others _____

TOTAL _____