CC3 | AIG2001487 | Acd3

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. 190002146T-01

Claims No. 393343321HSG.

Sum Insured: Excess: 0

(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: 12 ~~11.8~~ 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: SMJ2025J Yr Regn: 2019 / Feb

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

Make: Audi A3 c.c 999

Colour Grey. A/C: Insured / Std / NI / NA

Sp.Reading 34851 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAUZZZ8V6K1016408

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: 225/40R18.

R: 225/40R18.

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.	17/10/20	D.O.I.	22/10/20

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 Alg.
9/3 2.54pm	Confirmed final Sig $17,386.32; 12 days with Carrine. (Red. 15,679.68, 47%)
	MV: 93K.
	PV: 39.2K.
	Nett: 53.8K

Date/Time. File Pass to?

1)

Date/Time. File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 12

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Medical ($)

Survey Fee:

Transportation:

__$ + PS__$

Photos

Others

Total

Report Format : OD

Assgd Sum / Limit : $17,386.40