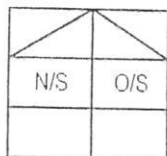


CC3 | AIG20011487 | Acc3
ASSIGNMENT

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. 1900021467-01
Claims No. 3933433214SG
Sum Insured: _____ Excess: 0
(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: 12 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: 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: WAL2228V6K1016408
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / 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
	<u>DD AIG</u>
<u>9/3 2.54pm</u>	<u>Confirmed final by \$17,386.32; 12 days with Carline. (Red. 15,679.68, 47%)</u>
	<u>MV: 93K.</u>
	<u>PV: 392K.</u>
	<u>Nett: 53.8K</u>

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair: 12

Resurvey No. of Trip: _____

1) Date/Time, File Return to?

2) _____

Arbit Fee: ☐ : Site Insp (\$
☐ : Interview (\$
☐ : Tech. Insp. (\$
☐ : Witness (\$

Survey Fee:

Transportation:

3 + PS \$1

Phone:

Other:

Total

Report Format: OD

Amount Sum / A.P. / A. \$17,386.40