

(08/11/13) wef

ASS. REC. BY: MARCUS

REF:

CS/ TP 2001569/49f3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: S32106T
 at Workshop m/s Bum
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
 repair at the time of inspection.

Bal. or Market Value: \$48
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 5 days Res.: Yes or No
 Lum Sum: 10 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: 1 yrs 2 mths. Rep 18
 Vehicle: IN / OUT

Veh No: S32106T Yr Regn: 6112
 Type: 2 M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or CA
 Make: Audi TT Coupe c.c. 1798
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 113700 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: TRU 2228J 6C1021079
 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:
R: 245/45R17
 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. 20/10/20 D.O.I. 22/10/20
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear

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

Date / Time Action / Instruction

7WD (RT) To: Gate 3910 (8J88270234)
on 28-06-2022 LIA \$36048
Net \$11952

23/11/20 Repn Sum \$11,820 (Rep \$8560, 42%)

Date/Time, File Pass to?

☐ : Preli. Report1) 23/11 14:15☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 5Resurvey No. of Trip: 3Add Fee: ☐ : Site Insp (\$ _____) S + RS _____☐ : Interview (\$ _____) Photos OSP☐ : Tech. Invs (\$ _____) Others 24/11/20☐ : Weekend (\$ _____)

TOTAL

10 X 15 = 150

170 + 150

50

50 + 50 + 50 + 50

42 + 41

7 + 24

80

767

Report Format :

Lump Sum / I.B.F. (\$) TP
11800