CC3/AIG20012093/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. 1900155348.

Claims No. 32887329055G

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: 08 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: SMN878SM Yr Regn: 2019, August.

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

Make: Audi A4 c.c 1984

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

Sp.Reading: 11826. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAUZZZF41KA08657/

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: 205/60R16

R: 205/60R16

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.	30/10/20.	D.O.I.	04/11/20

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.
25/2	Confirmed final Sig $20,388.48 with Slayee. (Red 23, 214, 52, 53%)
	MV : 130K
	PV : 64.2K
	Nett : 65.8K

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

1) ☐ : Final Report

Date/Time. File Return to?

2)

Days Of Repair: 8

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp. ($)

☐ : Weld Insp. ($)

Survey Fee:

Transportation:

3 x PS 3

Photos

Other:

Total

Report Format : OD

Lump Sum / Nett : $20,388.48