CC3/AIG21003984/Avf3

ASS. REC. BY: REF: ~~CS/SGK21002386/Avf3~~

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.

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.

N/S	O/S

Bal. or Market Value:

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKX 5508M Yr Regn: 2015, Dec.

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

Make: Audi A3 c.c 1355

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

Sp.Reading 31072 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAUZZZ8V7GA067472

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: 205/55R16.

R: 205/55R16

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.	2/2/21	D.O.I.	24/02/21

Survey held at Premium.

Des. of Damages Frt / Rear / O/S / N/S / U/C / Rooftop or Front N/S, N/S.

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

Date / Time	Action / Instruction
	~~OD Atto~~. TP Public Liability
	MV : 65K.
	PV : 41.2K
	Nett : 238K.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 8/3/21-Typist

☑ : Preli. Report

☐ : Final Report

Days Of Repair: 8

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation: S + PS S

Photos

Others

Report Format : TP

Lump Sum / LBJ: ($)