ASS. REC. BY: NAZ

REF: ASM

# 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 |
|---|---|
| LMS | RMS |

Bal. or Market Value: 160K

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: SLX 1888E Yr Regn: 18 JUL 2017

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

Make: AUDI S4 SEDAN 3.0 TFSI c.c 2,995

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

Sp.Reading N/A (wiring affected) T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZF48HA164062

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : NII / S/Rim (steel) / STD A/Rim (alloy) or _____

Tyre Size: F: 245/35 R19

R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / tyre brand

TOYO / YOKO or _____

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 5 mm | R/Bal. | 5 mm |
| L/Bal. | 5 mm | L/Bal. | 5 mm |
| D.O.A. | 6/1/2021 | D.O.I. | 31/5/2021 |

Survey held at COGE BRADDELL (WORKSHOP)

Des. of Damages : Fr (FRONT) / Rear / O/S (OFF-SIDE) / N/S (NEAR-SIDE) / U/C / Rooftop or _____

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

ASM LTS

| Date / Time | Action / Instruction |
|---|---|
| | COE Rebate : $102,116.00 |
| | Repair Limit: 55K |
| | vehicle burnt - uneconomical to repair. recommend total loss |

Date/Time. File Pass to?

1) _____

Date/Time. File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____ )

☐ : Interview ($ _____ )

☐ : Tech. Invs ($ _____ )

☐ : Weekend ($ _____ )

Report Format : _____

Lump Sum / I.B.I: ($ _____ )

| | |
|---|---|
| Survey Fee: | |
| Transportation: | |
| __S + RS__SI | |
| Photos | |
| Others | |
| | |
| TOTAL | |