ASS. Rec. By: GQ REF: CC3/AIG21012562/Gvc

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s PREMIUM AUTO

of

Insured:

Policy No. cover note: C210000279

Claims No. 9597466603SG

Sum Insured: Excess: 1200

(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: $151k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 7 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: SMV4438A Yr Regn: 30 Sep 2020

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

Make: AUDI / Q3 1.4 c.c 1395

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

Sp.Reading 6734 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAUZZZF37M1009469 *

Gen. Cond Good / Fair / Poor / Burnt

Steering: norder / Jammed / Leaked / Burnt or

Brake: norder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/65R17

R: 215/65R17

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm

D.O.A. 7/12/2021 D.O.I. 10-12-2021

Survey held at W/S 4:30PM

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
	Yes No BI Involved
8/4/22	Final fig $31,539.12 confirmed by email (Red 25,068.88, 44%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 24/5/22-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 7

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Weekend ($)

Survey Fee:

Transportation: S + RS. SI

Photos

Others

TOTAL

Repairer Furnished: Merimen

Lump Sum / NETT: $31,539.12