REF: GQ | REF: CC3/AIG21012563/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. 2100419323

Claims No. 6747134074SG

Sum Insured: Excess: 1600

(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: $87k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 14 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: SJH2460G Yr Regn: 30 Jun 2015

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

Make: AUDI / A7 SB 2.0 c.c 1984

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

Sp.Reading 48771 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAUZZZ4G8FN093920 *

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: 255/40ZR19

R: 255/40ZR19

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. 1/12/2021 D.O.I. 10-12-2021

Survey held at W/S 5:20PM

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 B] Involved
15/9/22	Final fig $13,857.48 confirmed by email (Red 33,700.52, 70%)

Date/Time, File Pass to? [ ] : Preli. Report

1) [ ] : Final Report

Date/Time, File Return to?

2) 26/9/22-typist

Days Of Repair: 7

Resurvey No. of Trip: 1

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Invs ($)

[ ] : Weekend ($)

Survey Fee:

Transportation:

S + RS. SI

Photos

Other

TOTAL

Report Format: merimen

Lump Sum / UPD: $13,857.48