

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SMA 7169S
at Workshop m/s Blm

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.



Bal. or Market Value: \$ 83k.

IDAC Accident Rport: Consistent?: Yes or No

GIA / PR Seen: Consistent?: Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: LIA 43644

Vehicle: IN / OUT

Date / Time Action / Instruction

Ajax NUC Dep 1691

12/1/22 L/S 4200 (Red 3818.60, 47%)

Veh No: SMA 7169S Regn: 18/6/18
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or CAI

Make: Audi A3 c.c. 999

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

Sp. Reading: 55646 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZ8V8J1068864

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: 225/40 ZR18 R: _____

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

TOYO / YOKO or

Front R/Bal. 6 mm Rear R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 10/12/21 D.O.I. 15/12/21

Survey held at _____

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

Rear

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

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

1) : Final Report

Date/Time, File Return to?

2) 12/1/22-typist

Days Of Repair: 4

Resurvey No. of Trip: 2

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech. Invs (\$)

: Weekend (\$)

Survey Fee:

Transportation: _____ S + RS. _____ SI

) Photos

) Others

TOTAL

160
50
50+50+50
62
80
502

Report Format : TP

Lump Sum / L.B.I. (\$ 4200)