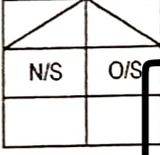


ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 **QD** /  P /  WS /  TP RES /  OD RES /  EVA /  INV /  MV  
 To inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s: **PREMIUM AUTO**  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No: \_\_\_\_\_  
 Claims No: \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: **TBA**  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: **SJP9198B** Yr Regn: **31 Aug 2021**  
 Type:  **M.Car** /  M.Cycle /  Bus /  Van /  Lorry /  Taxi /  Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: **AUDI / Q5** c.c. **1984**  
 Colour: **Grey** A/C: **Insured / Std / NI / NA**  
 Sp. Reading: **6217** T/Radio: **Insured / Std / NI / NA**  
 Eng/No: \_\_\_\_\_  
 C/No: **WAUZZZF7M2101820 \***  
 Gen. Cond:  **Good** /  Fair /  Poor /  Burnt  
 Steering:  **inorder** /  Jammed /  Leaked /  Burnt or  
 Brake:  **inorder** /  Jammed /  Leaked /  Burnt or  
 Modi: **Nil / S/Rim / STD A/R** or \_\_\_\_\_  
 Tyre Size: F: **235/55R19**  
 R: **235/55R19**



(Policy Condition)  
 Remark: **The veh had commenced its repair at the time of inspection.**  
 Bal. or Market Value: **\$256k**  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent? : **Yes** or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : **Yes** or No  
 Est. Repairs: **5** days Res.: **Yes** or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: **Yes** or No  
 CA /  **REV** / **REP.** / **24 HRS**  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: **IN / OUT**

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

<u>Front</u>	<u>Rear</u>
R/Bal. <b>9</b> mm	R/Bal. <b>9</b> mm
L/Bal. <b>9</b> mm	L/Bal. <b>9</b> mm
D.O.A. _____	D.O.I. <b>16-12-2021</b>
Survey held at _____	<b>W/S 10:30</b>

 Des. of Damages: **Frnt / Rear / O/S / N/S / U/C / Rooftop** or  
**O/S REAR**  
 The **U/C / Chassis frame / Body Structure** affected due to collision.

Date / Time	Action / Instruction
	Yes/No BI Involved

Date/Time, File Pass to?  : **Preli. Report**  
 : **Final Report**  
 1) \_\_\_\_\_  
 Date/Time, File Return to? \_\_\_\_\_

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_

2) \_\_\_\_\_  
 Report Filed at: \_\_\_\_\_  
 Long. Code / MP: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech. Insp (\$ \_\_\_\_\_)  
 : W/weekend (\$ \_\_\_\_\_)

Survey Fee:	
Transportation:	
_____ 3 + RS. _____ SI	
Photos	
Other:	
TOTAL	