

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. 7210147665

Claims No. 4810903430SG

Sum Insured: Excess: 400

(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: \$175k

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 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: SND1573U

Yr Regn: 09 Dec/2021

Type ☒ M.Car ☐ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: AUDI Q3 1.4 c.c. 1395

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

Sp. Reading: 1939 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAUZZZF30M1155311 *

Gen. Cond ☒ Good ☐ Fair / Poor / BurntSteering: ☒ Inorder ☐ Jammed / Leaked / Burnt orBrake: ☒ Inorder ☐ Jammed / Leaked / Burnt orModi: Nil / S/Rim / ☒ STD A/Rim or

Tyre Size: F: 215/65R17

R: //

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

TOYO / YOKO or FALKEN

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

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

D.O.A. D.O.I. 13-01-2022

Survey held at W/S 11:30

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

confirm repair cost of \$8530.48 @ 4 days

red: 5666.52;39%

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Insp (\$☐ : W/Weekend (\$

3 + RS. SI

Photos

Other:

TOTAL