Ref: CS/UOI22002114/Avy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ _____

of _____

Insured: _____

Policy No. _____

Claims No. M11D14862203

Sum Insured: _____ Excess: 2000

(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: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ 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: SMW954 9A Yr Regn: 2020, Dec

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

Make: Audi A1 c.c 999

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

Sp.Reading 10038 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZGB4LR029328

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 195/55R16

R: 195/55R16

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.	4/3/2022	D.O.I.	08/03/22

Survey held at Premium (Benoi)

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

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

Date / Time	Action / Instruction
	OD UOI
11/3/22	Submit uneconomical T/L-MV:$118,000 (EST) LTA:$55,034 NV:$62,966
	revised fig $90, 417 check items $50,842
	MV : 118K
	PV : 55.1K
	Nett : 62.9K

Date/Time, File Pass to? 1) _____

☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to? 2) 11/3/22-typist

Days Of Repair: 28

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : In-Review ($ _____)

☐ : Tech. Insp ($ _____)

☐ : Weekend ($ _____)

148x25=3700

Survey Fee:	3700+250
Transportation:	60
Photo:	111
Other:	
	4121

Report Format : _____

Lump Sum / I.P. : _____

OSP 28/3/22