

Steve

A/G

CC3/ A16 2200 2674/ Enc

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. _____

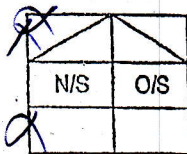
Claims No. _____

Sum Insured: _____ Excess: 1600

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

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

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKW1333G Yr Regn: 30/1/19Type: (M) Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi A5 C.C. 1984Colour: Black A/C: Insured / Std / NI / NASp. Reading: 30922 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAU2Z2250KA008M2

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: 205/40R18R: 11

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

TOYO / YOKO or Pirelli

Front

Rear

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 20/3/22 D.O.I. 23/3/22Survey held at PremiumDes. 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

MV-155XCannot print PARF Valuefinal fig : \$ 25939.92 and 10 days
(Red. \$ 30,715.78, 54%)

Order Time, File Pass out

1) 4/8/22

Date/Time, File Return to?

2)

Report Format:

OD - mermen

Lump Sum / L&L: (\$

25939.92)Days Of Repair: 10Resurvey No. of Trip: 2Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL