ASS. Rec. BY: GQ | REF: AIG

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / N/S / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s PREMIUM AUTO

of

Insured:

Policy No.

Claims No.

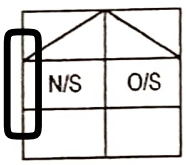
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value: $169k

IDAC Accident Rport: Consistent? : **Yes** or **No**

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

Est. Repairs: 3 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: SDX7177D Yr Regn: 30 Apr/2021

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

Make: AUDI / A4 2.0 c.c 1984

Colour White A/C: **Insured / Std / NI / NA**

Sp.Reading 12398 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: WAUZZZF43LN014832 *

Gen. Cond **Good** / **Fair / Poor / Burnt**

Steering: **norder** / **Jammed / Leaked / Burnt** or

Brake: **norder** / **Jammed / Leaked / Burnt** or

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

Tyre Size: F: 245/35ZR19

R: //

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	07-04-2022

Survey held at W/S 10AM

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

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : **Preli. Report**

☐ : **Final Report**

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Weekend ($)

Survey Fee:

Transportation: ___S + RS.___SI

Photos

Others

TOTAL