

ASSIGNMENT

From:

Date:

Estimated Cost:

☒ QD / ☐ TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s PREMIUM AUTO

of

Insured:

Policy No:

Claims No. 1673298544SG

Sum Insured: Excess: 0/-

(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: \$182k

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: SGD51Z

Yr Regn: 27 Feb/2020

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

Truck / Trailer or

Make: AUDI / Q5 SPORT 2.0 c.c. 1984

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

Sp. Reading: 28826 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAUZZZFXYK2138776 *

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: 235/55R19

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. 13-04-2022

Survey held at W/S 10AM

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

Front N/S

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

Date / Time Action / Instruction

Yes/No ☒ BI Involved

19/04/22@10.05am revert to AIG via Merimen.

19/04/22@1.23pm Kok Chong informed C/A via Merimen.

19/04/22@2.31pm Informed Tony C/A & ex:\$0/- by email.

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

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

3 + RS. SI

Photos

Other:

TOTAL

Report Filed:

Long Copy/MP/...