

ASS. REC. BY: Steve

CS/CT122004507/HK Enc

ASSIGNMENT

sne 6843c

Front: _____ 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: 500

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

X	X
N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 25 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: SNC 6843C Yr Regn: 24/7/19Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi A3 c.c. 999Colour: Blue A/C: Insured / Std / Nil / NASp. Reading: N/A T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: WVAU2228V9KA090969Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/55 R 16R: 11

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

TOYO / YOKO or _____

Front R/Bal. 5 mmL/Bal. 5 mmD.O.A. 8/5/22Survey held at PremiumDes. of Damages: Ent / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

IV-104K
PV-37,196
NV-66,804

lump sum: \$58,000.00 and 25 days
 (red, \$75,327.00, 56%)

Date/Time, File Pass to?

1) 21/07/22

Date/Time, File Return to?

2) _____

Report Format: OD-merimenLump Sum / L.B.F. (\$) 58,000.00Days Of Repair: 25Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL