

ASS. REC. BY:

REF:

CC3/AIG22004547/Anc

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: 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: 120k

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 6 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No:

EP2232RYr Regn: 2019/DecType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Audi Q2

c.c

999.

Colour

Grey

A/C: Insured / Std / NI / NA

Sp.Reading

66018

T/Radio: Insured / Std / NI / NA

Eng/No:

WAUZZZGA6KA082665

C/No:

Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/60R16.

R:

215/60R16.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.

D.O.I.

13/05/22

Survey 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

OD ALG.26/09/22 confirmed with Jia Yee final fig: \$5711.20 and 6 days(red, 8296.80, 59%)MV: 120KPV: 43.9KNett: 76.1K.

Date/Time, File Pass to?



: Preli. Report

1) 27/10/22

: Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 6Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Inve (\$

) 3 + PS. SI

) Photos

) Others

Report Format:

5711.20