REC'D / FILED BY: GQ | REF: CC3/AIG22006760/Gvc

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s PREMIUM AUTO

of

Insured:

Policy No. 1800015501

Claims No. 8435459974SG

Sum Insured: Excess: 500

(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: $115k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 X 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: SLW4800T Yr Regn: 13 Feb/2018

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

Make: AUDI A4 SEDAN 2.0 c.c 1984

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

Sp.Reading 42355 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAUZZZF43JA072279 *

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 245/40R18

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. 29/6/2022 D.O.I. 15-07-2022

Survey held at W/S 2:30PM

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 EI Involved
30/11/22	Final fig $4428.16 confirmed by email (Red 5291.84, 54%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 7/12/22-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation:

S + RS. SI

Photos

Other

TOTAL

Report Format : Merimen

Lump Sum / UPD : $4428.16