ASS. Rec. By: GQ REF: CC3/AIG22006761/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. 2070125712

Claims No. 8945915051SG

Sum Insured: Excess: 1100

(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: $162k

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: SMM828G Yr Regn: 28 Aug 2020

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 53571 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAUZZZF49LN015502 *

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: 245/40ZR18

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. 11/7/2022 D.O.I. 15-07-2022

Survey held at W/S 3:10PM

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

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

Date / Time	Action / Instruction
	Yes No EI Involved
23/12/22	Final fig $3623.60 confirmed by email (red 17,729.40, 83%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 9/1/23-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Weekend ($)

Survey Fee:

Transportation: ___S + RS. ___SI

Photos

Others

TOTAL

Report Format: Merimen

Lump Sum / UPR: $3623.60