

ASS. REC BY: Tauyhm

REF:

CT1. 22008769/19y3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

DD / TP / IS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: tbq

(Client's Record)

Make of Veh: _____

N/S	O/S

(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: 9139K

IDAC Accident Report: _____ Consistent? : Yes or No

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

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

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

CA REY / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMZ 95969 Yr Regn: 2019, May

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

Make: Audi A4 c.c. 1984

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

Sb. Reading: 80969 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZF4XKA071227

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 245/35R19
R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front R/Bal. 6 mm Rear R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 6/9/22

Survey held at Premium Ubi

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

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

Date / Time	Action / Instruction
	<u>Check with Premium, car comes with bodykit when purchased by 1st owner</u>
	<u>checked with Premium, bodykit comes in 1 set, not individual.</u>

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$)

: Interview (\$)

Survey Fee: _____

Transportation: _____

S + RS: _____

Photos: _____