(08/11/13) wef

ASS. REC. BY: Marcus

REF: CCG/AIG22009287/Uea3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SMU 68/U

at Workshop m/s Ly.

of

Insured: SKP1158H

Policy No.

Claims No.

Sum Insured: Excess:

(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: $150k.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 7 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 196i

Vehicle: IN / OUT

Date: Person Contacted: 27A9S8030

Veh No: SMU 68/U Yr Regn: 28/07/20

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

Make: Audi A4 TFSI S Tronic c.c 1984

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

Sp.Reading 21387 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAUZZZT-40LA063042

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: 225/50R17

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	18/09/22	D.O.I.	21/09/22

Survey held at

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

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

Date / Time	Action / Instruction
	Dep 16500
	have Udes at fold
	31 Involved have G.A
	headlamp parts number (8W0941033E) $8172 Bonnet 3425
13/10/22	L/S $21,200 informed Alan

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

1) ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) ___S + RS,___SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

Lump Sum / I.B.I: ($)