

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. 2100452170-06

Claims No. 5667216649SG

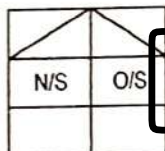
Sum Insured: Excess: 600

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: \$75k

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 7 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: SCX6810C Yr Regn: 23 Feb/2016

Type ☒ M.Car ☐ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: AUDI / A4 1.4 c.c. 1395

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

Sp. Reading: 89935 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAUZZZF47GA024373 *

Gen. Cond: ☒ Good ☐ Fair / Poor / BurntSteering: ☒ norder ☐ Jammed / Leaked / Burnt orBrake: ☒ norder ☐ Jammed / Leaked / Burnt orModi: Nil / S/Rim / ☒ STD A/R in or

Tyre Size: F: 225/50ZR17

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. 14/10/2022

D.O.I. 19-10-2022

Survey held at W/S 10:30

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 BI Involved

29/1/23 Final fig \$13,678.08 confirmed by email (Red 32,533.92, 70%)

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: 7

1)

☐ : Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to?

2) 22/2/23-typist

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Insp (\$☐ : Wash and

Survey Fee:

Transportation:

3 + RS. SI

Photos

Other:

TOTAL

Report Filed: Merimen

Long Cost / REP: \$13,678.08