ASSIGNED BY: GQ | REF: CC3/AIG22010409/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 2100452170-06

Claims No. 5667216649SG

Sum Insured: | Excess: 600

(Client's Record)

Make of Veh:

(Policy Condition)

N/S | O/S

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

Bal. or Market Value: $75k

IDAC Accident Rport | 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 / Burnt

Steering: inorder / Jammed / Leaked / Burnt or

Brake: inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/50ZR17

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?

1)

[ ] : Preli. Report

[ ] : Final Report

Date/Time, File Return to?

2) 22/2/23-typist

Days Of Repair: 7

Resurvey No. of Trip: 1

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Invs ($)

[ ] : Weekend ($)

Survey Fee:

Transportation:

__S + RS.__SI

Photos

Others:

TOTAL

Report Format: Merimen

Lump Sum / A.E.R: $13,678.08