

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: 2100492658  
 Claims No: 9761021975SG  
 Sum Insured: \_\_\_\_\_ Excess: \$400.00  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

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

Bal. or Market Value: \$87k  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No  
 Est. Repairs: 4 days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA  REV REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SLJ2274T Yr Regn: 30 Nov/2016  
 Type:  M.Car /  M.Cycle /  Bus /  Van /  Lorry /  Taxi /  Prime Mover /  Truck /  Trailer or \_\_\_\_\_  
 Make: AUDI / Q3 1.4 c.c. 1395  
 Colour: White A/C: Insured / Std / NI / NA  
 Sp. Reading: 144629 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: WAUZZZ8U1HR022697 \*  
 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: 235/55R17  
 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. \_\_\_\_\_ D.O.I. 20-10-2022  
 Survey held at W/S 2:30PM  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or N/S FRONT  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Yes/No BI Involved
26.01.2023	Confirmed final fig 3,428.00 ; 4 days with Mr Boo. (Red \$17,189.00 ; 83%)

Date/Time, File Pass to?  : Preli. Report  
 : Final Report  
 1) \_\_\_\_\_  
 Date/Time, File Return to? \_\_\_\_\_

Days Of Repair: 4  
 Resurvey No. of Trip: \_\_\_\_\_

Report Subject: OD  
 Lump Sum  \$3,428.00

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech. Invs (\$ \_\_\_\_\_)  
 : Travel/End (\$ \_\_\_\_\_)

Survey Fee:	
Transportation:	
3 + RS. SI	
Photos	
Other:	
TOTAL	