ASSIGNMENT

From: _____ **Date:** _____	**Veh No:** SLJ2274T **Yr Regn:** 30 Nov/2016
Estimated Cost:	**Type** **[M.Car]** M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
[OD] / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: _____	**Make:** AUDI / Q3 1.4 **c.c** 1395
at Workshop m/s PREMIUM AUTO	**Colour** White **A/C:** Insured / Std / NI / NA
of _____	**Sp.Reading** 144629 **T/Radio:** Insured / Std / NI / NA
Insured: _____	**Eng/No:** _____
Policy No. _____	**C/No:** WAUZZZ8U1HR022697 *
Claims No. _____	**Gen. Cond** **[Good]** Fair / Poor / Burnt
Sum Insured: ___ **Excess:** ___	**Steering:** **[norder]** / Jammed / Leaked / Burnt or ___
(Client's Record)	**Brake:** **[norder]** / Jammed / Leaked / Burnt or ___
Make of Veh: _____	**Modi:** Nil / S/Rim / **[STD A/Rim]** or ___
	Tyre Size: F: 235/55R17

(Policy Condition)

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

	N/S	O/S

R: //

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / **[PIR]** / SUMI / TOYO / YOKO or ___

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

Bal. or Market Value: $87k	**D.O.A.** ___ **D.O.I.** 20-10-2022
IDAC Accident Rport ___ **Consistent? : Yes or No**	**Survey held at** W/S 2:30PM
GIA / PR Seen: ___ **Consistent? : Yes or No**	**Des. of Damages :** Frt / Rear / O/S / N/S / U/C / Rooftop or
Est. Repairs: 4 days **Res.: Yes or No**	N/S FRONT
Lum Sum: ___ % **3 Val.: Yes or No**	The U/C / Chassis frame / Body Structure affected due to collision.
CA **[REV]** REP. / 24 HRS **Vehicle: IN / OUT**	
Date: ___ **Person Contacted:** ___	

Date / Time	Action / Instruction
	Yes / **[No]** BI Involved

Date/Time, File Pass to?	☐ : Preli. Report	**Days Of Repair:** ___
1) ___	☐ : Final Report	**Resurvey No. of Trip:** ___
Date/Time, File Return to?		**Survey Fee:** ___
2) ___	**Add Fee:** ☐ : Site Insp ($___)	**Transportation:** ___
	☐ : Interview ($___)	S + RS SI
	☐ : Tech. Invs ($___)	Photos
Report Pass to:	☐ : Weekend ($___)	Other:
Lump Sum / EP:		TOTAL: