(Applies 12) Wef (C)	
ASS. REC. BY: CC3/AIG2	23001324/Rwc 5322
ASS	IGNMENT
From: Date:	Veh No: SKL 11737 Yr Regn: 2027 NOV
From: Date.  Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
FINESTON RESIDENCE TO THE PRESIDENCE OF THE PRES	Truck / Trailer or
To Inspect Vehicle No: SKL 1173 J	Make: Audi A6 DESIGN 2.0TPSI c.c 1984
at Workshop m/s PREMIUM	Colour CREU A/C: Insured / Std / NI / NA
A CAN MARKANCA CANADA C	Sp.Reading 78(1 T/Radio: Insured / Std / NI / NA
of 24, Acros 8 (CLOS) Insured: ALL	Eng/No:
Policy No.	C/No: WAU222 FZONN 006334
Claims No.	Gen. Cond: Good /Fair/ Poor / Burnt
Sum Insured: Excess: TBA	Steering: Inorden/ 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: 225/55R 18
(Policy Condition)	R: 23 23 23 20
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value:	
IDAC Accident Rport: Consistent? : Yes or No	Front Rear R/Bal.   mm R/Bal.   mm
GIA / PR Seen: Consistent? : Yes or No	1/24
	D.O.A. 02/62/23 D.O.I. 06/02/03
Est. Repairs: 8 days Res.: Yes or No Lum Sum: I.B.I % 3 Val.: Yes or No	0000
70 0 701. 100 01 110	Survey held at PREMIUM
CA / REV / REP. / 24 HRS	Des. of Damages Fro I Rear I O/S I N/S I U/C I Rooftop or
Vehicle: IN / OUT Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction Gft	Sie i diasto i anto i boay stractare anectas que lo comsisti.
REPOR LIMIT-96K	
	•
Confirm final fig \$41,139.36 before excess	s \$800.00 & GST and 8 repair days. (Red \$38,223.54/4
A N S S S S S S S S S S S S S S S S S S	
terTime, File Pass to?	Days Of Repair: 8 *
29/05/2023	Resurvey No. of Trip: Survey Fee:
te/Time, File Return to?	Transportation:
Add Fee	
	: Interview (\$ ) Photos
OD <b>Poort Format</b> : P/P \$41,139,36	: Tech Invs (\$ ) Others