

Ass. Ref. No.:

Ref:

ASSIGNMENT

From: _____ Date: _____

Estimate Cost: _____

OD / P/WS / TP RES / OD RES / EVA / INV / MV

To In Spec Vehicle No: _____

at Workshop m/s _____

of _____

Insurance: _____

Policy No. _____

Claim No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ 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: SKN677C Yr Regn: 2018, Sept.

Type: (M.Cap) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi Q5 C.C. 1984

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

Sp. Reading: 67271 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZF4J2156852

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil (S/Rim) STD A/Rim or

Tyre Size: F: 235/55R19

R: 235/55R19

BS / DUN / EXNOVA / GY / FS / LIZA / MMC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front 06 mm Rear 06 mm

R/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 21/07/23

Survey held at Premium

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
	<u>ATG TRAIG</u>
	COE Expiry :
	Estimate given during : Yes (✓) / No ()
	1st Survey : No ()
	MV :
	PV :
	Nett :

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Insp (\$ _____)

Photos

Others

Report Format: _____

Encl 2 copies / 1 P.P. / 1 C