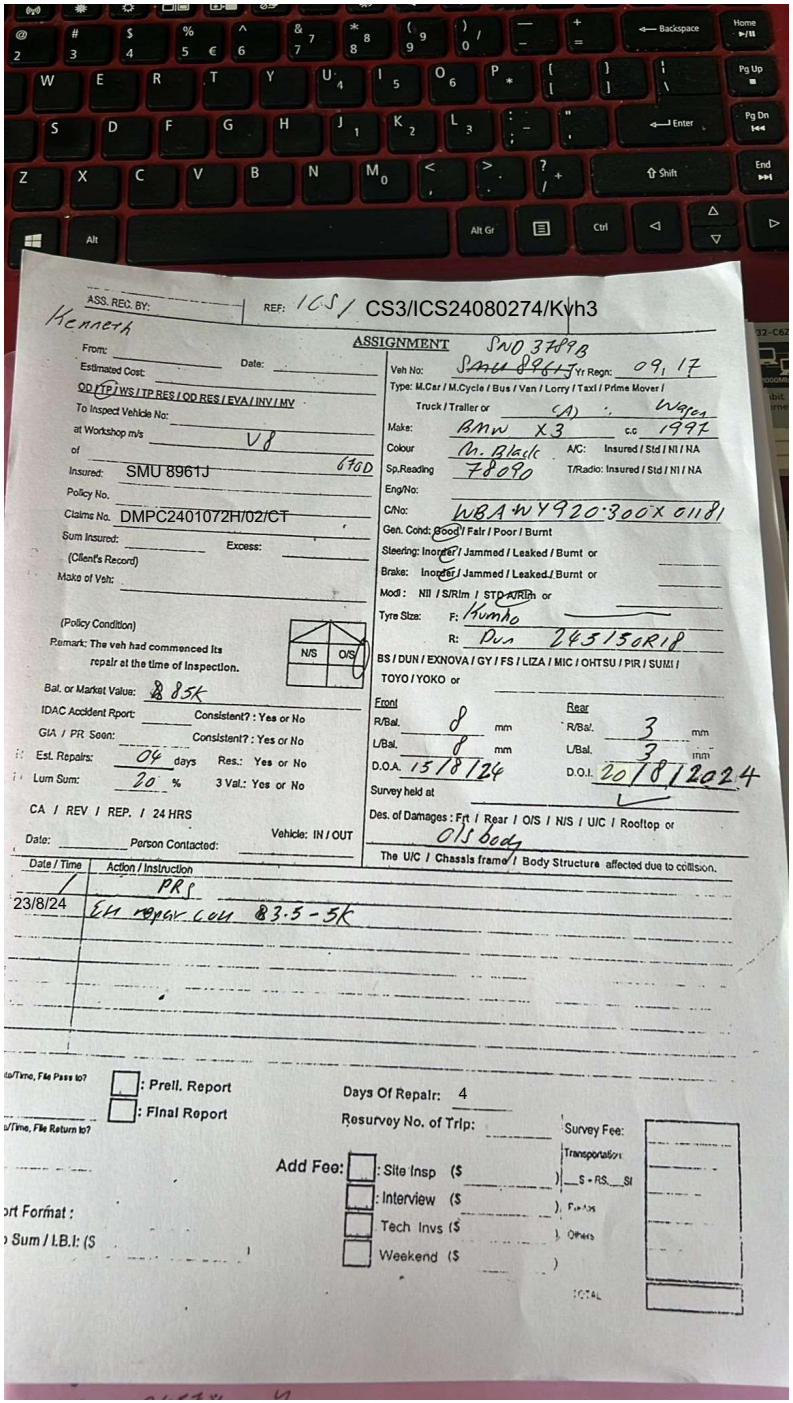

ASS. REC. BY: Kenneth

REF: ICS/ CS3/ICS24080274/Kvh3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s V8

of 670D

Insured: SMU 8961J

Policy No. _____

Claims No. DMPC2401072H/02/CT

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: $ 85K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMU 8961J Yr Regn: 09/17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A) Wagon

Make: BMW X3 c.c 1997

Colour: M. Black A/C: Insured / Std / NI / NA

Sp.Reading: 78090 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBAWY920:300X01181

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: Kumho _____

R: Dun 245/50R18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	8 mm	R/Bal.	3 mm
L/Bal.	8 mm	L/Bal.	3 mm
D.O.A.	15/8/24	D.O.I.	20/8/2024

Survey held at ✓

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or O/S body

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
/	PRS
23/8/24	Est repair cost 83.5-5K

Date/Time, File Pass to? ☐ : Prell. Report ☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation _____

Add Fee: ☐ : Site Insp ($ _____) ☐ : Interview ($ _____) ☐ Tech Invs ($ _____) ☐ Weekend ($ _____)

Others _____

TOTAL _____

Date/Time, File Return to?

ort Format :

Sum / I.B.I: (S