Asst: Ref:

ASSIGNMENT

From: Date:

Estim Cost:

OD / PRS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop/s

of

Insured:

Policy No

Claim s No

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Veh No: SGS1188C Yr Regn: 2016, June

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

Make: BMW 740Li c.c 2998

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

Sp.Reading 183027 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBA7E22000G651237

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: 275/40 R19

R: 275/40R19

N/S	O/S

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

Bal. or Market Value:

IDAC Accident Rport: 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:

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

Front		Rear	
R/Bal.	ob mm	R/Bal.	ob mm
L/Bal.	ob mm	L/Bal.	ob mm
D.O.A.		D.O.I.	18/10/24

Survey held at Advance

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
	TP Chm.
	MV : 105K
	PV : 74K
	Nett : 31K

COE Expiry :

Estimate given during : Yes ( )
1st Survey : No (✓)

319C

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Survey Fee:

Transportation: $3 + PS. $1

Photos

Others

Report Format :