

ASS. REC. BY: Steve

REF:

CS/CTI24110179/Evh3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

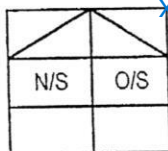
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMU 7690Y Yr Regn: 28/08/20Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or _____Make: BMW 320i C.C. 1998Colour: White A/C: Insured / Std / NI / NASp. Reading: 53931 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA5F32070FH84693*Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt or _____Brake: Inorder / Jammed / Leaked / Burnt or _____Modi: Nil / S/Rim / STD A/Rim or _____Tyre Size: F: 245/35R19R: "BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /TOYO / YOKO or _____Front RearR/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 06/11/24 D.O.I. 14/11/24Survey held at Premiem AutomobilesDes. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop orFront RH

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

Date / Time	Action / Instruction
	<u>MV - \$140k</u>

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Rep. Format: _____

Lump Sum / L.B.I. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS. SI _____

Photos _____

Others _____

TOTAL _____