

ASS. REC. BY:

REF: C721

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: 88k

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: SBC 661114Yr Regn: 11, 17Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or

Make: BMW420i

C.C.

1998Colour M. Blue

A/C:

Insured / Std / NI / NA

Sp. Reading 46701

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: WBA 4 S320 X0 AB 85260Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD / R/Rim orTyre Size: F: 225/45R18

R: _____

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

Front

R/Bal. 1 mm

Rear

R/Bal. 1 mmL/Bal. 1 mmL/Bal. 1 mmD.O.A. 27/7/24D.O.I. 30/7/2024

Survey held at _____

Des. of Damages: Nil / Rear / O/S / N/S / UIC / Rooftop or

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

Date / Time Action / Instruction

GIA & EV not ready

Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech Invs (\$)

) \$ - RS. \$

) F.P.A.S

) Others

rt Format :

Sum / B.L. (\$)