REF: ASM

ASSIGNMENT

From: Date: 23/01/2018

Estimated Cost:

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

To Inspect Vehicle No: SJU 9188D

at Workshop m/s CP Motors

of 160 Sing Ming Drive. #05-05

Insured:

Policy No.:

Claims No.:

Sum Insured: Excess:

(Client's Record) 11am – 12pm

Make of Veh: Thomas B 82018/030

(Policy Condition)

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 'wp'

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJU 9188D Yr Regn: 06 10

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

Make: BMW 730iL (A) CC: 2996

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

Sp.Reading: 110125 T.Radio: Insured / Std / NI / NA

Eng.No: 4

C/No: WBAKB 22050CN 7312

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: 245/50R18

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	7 mm
L/Bal.	6 mm	L/Bal.	7 mm
D.O.A.	8/1/18	D.O.I.	23/1/18

Survey held at

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

O/S Rear

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

Date	Time	Action / Instruction
24/1		File pass to Catherine

Date/Time File Pass to? 1) ☐ : Preli. Report ☐ : Final Report

Date/Time File Return to? 2

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp. $ ☐ Interview $ ☐ Tech. Insp. $ ☐ Measurement $

Survey Fee:

Transportation: ($ - Pt.)

Photos

Other

TOTAL

Report Format :

Lump Sum / I.B. $