

(08/11/13) Wef

ASS. REC. BY: Moriss

REF:

CTI/

7624/Wha2-Q

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLD7643K

at Workshop m/s Rf.

of _____

Insured: SCA1218 S

Policy No. _____

Claims No. _____

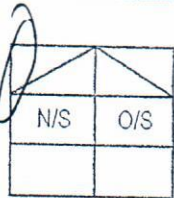
Sum Insured: _____ Excess: _____

(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: 1 Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: 2 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLD7643K Yr Regn: 1209

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

Truck / Trailer or CA1

Make: BMW 320i c.c. 1995

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

Sp. Reading: 173658 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: W3APN5608ONM1843

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or ok

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / SRim / STD A/Rim or

Tyre Size: F: 225/45ZR17

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 24/4/18

Survey held at

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

N/S R/L 2
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

8/5/18 1/3 & 5000 confirmed with Alan

Date/Time, File Pass to?

☐ : Prell. Report

☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ - RS, \$ SI

Photos

Others

TOTAL

Report Format : _____

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