ASS. REC. BY: Adrian Liny	
AS	SIGNMENT
From: Date:	Veh No: SFK8448 K Yr Regn: 2017, April
Estimated Cost:	Type M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: BMW c.c 476.
at Workshop m/s	Colour Blue . A/C: Insured / Std / NI / NA
of	Sp.Reading 24052 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/NO: WBAIV720X0V944674.
Claims No.	Gen. Cond. Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: \ \ \ \ \ \ \ \ \ \ \ \ \
Make of Veh;	Modi: Nil /S/Rim / STD A/Rim or
	Tyre Size: F: 205/55R16
(Policy Condition)	R: 205/55RUB
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. Q2/07/18
Lum Sum: % 3 Val.: Yes or No	Survey held at Zero Gravily
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S (N/S U/C) Rooftop or
Vehicle: IN / OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction •	
((116).	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
i) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fee	: Site Insp (\$)s+Rssi
	: Interview (\$) Photos
Report Format :	: Tech. Invs (\$) Others
Lump Sum / LB.I: (\$:Weekend (\$

TOTAL