

198/1/1/1

Tanpin

REF:

III

14640/71wa3-w

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.

N/S	O/S

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

Gary

Veh No: SS80004 Yr Regn: 2018 / June

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

Truck / Trailer or

Make: Bmw m5

C.C. 4395

Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 2391

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBSJFD20606402 984

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: NIL / S/Rim / STD A/Rim or

Tyre Size: F: 285/35R20

R: ~ ~

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A.

D.O.I. 24/8/18 01150

Survey held at pmL

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

Date/Time, File Pass to?

☐ : Preli. 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:

) S + RS. SI

) Photos

) Others

TOTAL

Report Format :

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