

REF: C11

PES

ASSIGNMENT

From: Date: 19/12/2018

Estimated Cost:

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

To Inspect Vehicle No: SJA 9024Z
at Workshop m/s: H.T. Automotive
of: 8 kaki Bukit Ave 4 #03-24
Insured: premier.

Policy No.:

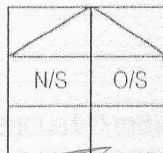
Claims No.:

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: Consistent? : Yes or No

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

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 'up'

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJA 9024Z Yr Regn: 13/4/2008

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

Truck / Trailer or

Make: BMW 335 1A C.C. 2979

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

Sp. Reading: 142909 T/Radio: Insured / Std / NI / NA

Eng/No: 11256853N54B30A

C/No: WBANL72090JZ 97 238

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: 235/35R19

R: 265/30R19

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

TOYO / YOKO or Continental

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 14/12/18 D.O.I. 19/12/2018

Survey held at H.T. Automotive

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

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

Date / Time Action / Instruction

Range 6,000/2 - 7,000/2

27/12/2018

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip: -

Survey Fee:

Transportation:

) S + RS. SI

) Photos

) Others

Report Format: PRO

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

Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech. Invs (\$)☐ Weekend (\$)

TOTAL

☐ TOTAL