(08/11/13) wef

ASS. REC. BY: Marcus

REF: E2/

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SMG5987D

at Workshop m/s Sme

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: 43k.

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMG5987D Yr Regn: 11 10

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

Make: BMW 523i c.c 2497

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

Sp.Reading 59581 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBAFP32010C546466

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: 245/45R18

R:

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	28/2/19	D.O.I.	11/3/19

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

No second hand parts. LYA3.966

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) __S + RS, __SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL