

ASS. REC. BY:

REF:

Adrian

ASSIGNMENT

From:

Date:

Veh No: SLB5717EYr Regn: 2010 / Oct

Estimated Cost:

Type: MC / 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 730LiC.C. 2996

at Workshop m/s

Colour

Silver

A/C: Insured / Std / NI / NA

of

Sp. Reading

128194

T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No:

WBAKB22010CN 74680

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

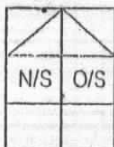
Modi: Nil / S/Rim / STD A/Rim or

(Policy Condition)

Tyre Size: F:

245/50R18

R:

245/50R18Remark: The veh had commenced its
repair at the time of inspection.

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

TOYO / YOKO or

Continental

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

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.

11/03/19

Lum Sum:

%

3 Val.: Yes or No

Survey held at

People

CA / REV / REP. / 24 HRS

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

Front o/s.

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

TP QBEMV : 60KPV : 46.5KNett : 13.5K

Date/Time, File Pass to?

Date/Time, File Return to?

Part Prices Check:

IN

OUT

Survey Fee:

Date:

Basic & Add.

S + RS, SI

Photos

Others

TOTAL

Prel. Report:

Final Report: