

Adrian

ASSIGNMENT

From: [REDACTED] Date: [REDACTED]

Veh No: SJ255938 Yr Regn: 2010 / Dec

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 320i C.C 1995

at Workshop m/s

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

Sp. Reading 113369 T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No: WBAPGS606NM25916

Claims No. _____

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh:

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

(Policy Condition)

Tyre Size: F: 225/45R17

Remark: The veh had commenced its repair at the time of inspection.

R: 225/45R17

N/S	O/S

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt: Consistent? : Yes or No

R/Bal. *ob* mm R/Bal. *ob* 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. 12/06/19

Lum Sum:	%	3 Val.: Yes or No
1	100	Yes
2	100	Yes
3	100	Yes
4	100	Yes
5	100	Yes
6	100	Yes
7	100	Yes
8	100	Yes
9	100	Yes
10	100	Yes
11	100	Yes
12	100	Yes
13	100	Yes
14	100	Yes
15	100	Yes
16	100	Yes
17	100	Yes
18	100	Yes
19	100	Yes
20	100	Yes
21	100	Yes
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85	100	Yes
86	100	Yes
87	100	Yes
88	100	Yes
89	100	Yes
90	100	Yes
91	100	Yes
92	100	Yes
93	100	Yes
94	100	Yes
95	100	Yes
96	100	Yes
97	100	Yes
98	100	Yes
99	100	Yes
100	100	Yes

Survey held at

CA / REV / REP. / 24 HRS

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

Date: _____ Person Contacted: _____

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

Date / Time	Action / Instruction
	TPAXA.
	MV : 35k
	PV : 27.81c
	Nett : 7.2k

Date/Time, File Pass to?	Date/Time, File Return to?	<u>Part Prices Check:</u>		Survey Fee:	Date:
1)	2)	IN	OUT	Basic & Add.	
3)	4)			__ S + RS, __ SI	
5)	6)			Photos	
Preli. Report:				Others	
Final Report:				TOTAL	