Date Of Accident
Exact Location Of Accident
Country/State of Loss
Vehicle Registration Number
Registered Owner/Policyholder

REF: C72 / CS/C71 19018057/ksd3

REC. BY: Kneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Optimp

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: $560/-

(Client's Record)

Make of Veh: _____

(Policy Condition)

N/S	O/S

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

Bal. or Market Value: $13dc

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or No

Lum Sum: 1.B1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMN58438 Yr Regn: 12, 17

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

Make: BMW 218i c.c 1499

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

Sp.Reading 23938 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA2D320405E76623.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : NII / S/Rim / STD A/Rim or _____

Tyre Size: F: _____ R: 225/40R19

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	4/10/19	D.O.I.	15/10/19

Survey held at _____

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
/	File pass to
	$ 9,601.45
3/4	~~$ 9865.95~~ email 23
	(~~$ 2,536.00~~ Red - 20%)
	$ 2800-50

Date/Time, File Pass to? 1) Typ: St

Date/Time, File Return to? 2)

☐ : Prell. Report

☑ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee:

Transportation: $ - RS. SI

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B. : ($ 9,601.45 ~~9,865.95 f/p~~)