

ASS. REC. BY:

REP:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

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: _____

IDAC Accident Rpt: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SJ67777R Yr Regn: 2014 / Feb.Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Bmw 320i c.c. 1997Colour: Black A/C: Insured / Std / NI / NASp. Reading: 55305 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA3B16020NS50439Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60R16R: 205/60R16BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mmR/Bal. 06 mmL/Bal. 06 mmL/Bal. 06 mm

D.O.A.

D.O.I. 25/02/20

Survey held at

Premium CarzDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orFront o/s.

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

Date / Time Action / Instruction

TP 401US \$6000-00 (Red \$5049-35, 45%)

MV:

PV:

Nett:

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

27/4/20 Typist

Report Format:

Lump Sum / P.P.T. /

\$6000fDays Of Repair: 5Resurvey No. of Trip: 2Addl Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Inve (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

250+25

60

80

51

466