ASS. REC. BY: Gel. | REF: CTi

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Vins Auto

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 Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 ~~X~~ 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: SKG1262L Yr Regn: 31 Jul 2012

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

Make: BMW 320i c.c 1997

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

Sp.Reading 201297 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBA3B16060NP43444

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/50R17

R: 〃

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	28-04-20

Survey held at W/S 2:45pm

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
28/4	Finalized $2257.83 with Raymond (Red $1036.67, 31%)

Date/Time, File Pass to?
1) 05/05 Typist

Date/Time, File Return to?
2)

☐ : Preli. Report
☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($)
☐ : Interview ($)
☐ : Tech. Invs ($)
☐ : Weekend ($)

Survey Fee:
Transportation: $ + RS. SI
Photos
Other:
TOTAL

Report Format: MER-TP

Estimate / Repair: 2257.83