

ASS. REC. BY:

REF: FWD/20006249/K6

Kenneth

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. _____

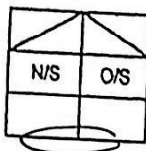
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

4-5 days

Res.: Yes or No

Lum Sum: _____

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No: STS82385

Yr Regn: 11, 15

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

Truck / Trailer or

Make: BMW 528i

c.c. 1997

Colour: M. Silver

A/C: Insured / Std / NI / NA

Sp. Reading: 96091

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

WBA5A52030G389685

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NII / S/Rlm / STD / A/Rlm or

Tyre Size: F: _____

R: _____

245/45R18

275/40R18

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

TOYO / YOKO or

Front

Rear

R/Bal. _____

R/Bal. _____

mm

mm

L/Bal. _____

L/Bal. _____

mm

mm

D.O.A. _____

D.O.I. _____

Survey held at

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S - R.S. SI

Fees

Others

TOTAL

Add Fee: _____

Site Insp (\$ _____)

Interview (\$ _____)

Tech Invs (\$ _____)

Weekend (\$ _____)

Report Format :

Lump Sum / I.B.I. (\$ _____)