

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SJM 1265J

at Workshop m/s: Bmw

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: 46k.

IDAC Accident Rport: Consistent?: Yes or No

GIA / PR Seen: Consistent?: Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS: LTA 27026

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SJM 1265J Yr Regn: 12 08

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

Truck / Trailer or CA /

Make: Toyota picnic c.c 1998

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

Sp. Reading: 134902 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTEGH23B100026246

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: 205/60R16

R:

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

TOYO / YOKO or

Front Rear

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 28/6/20 D.O.I. 1/7/20

Survey held at

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

Rear N/S.

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

Date / Time Action / Instruction

PRS No report on 30-11-2028

Repair range 2800-3500

Date/Time, File Pass to? 06/07/2020

Preli. Report Final Report

1) TYPIST

Date/Time, File Return to?

Days Of Repair: 3

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

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

S + RS, SI, Photos, Others, TOTAL

Report Format: PRS

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

Empty box for additional information or signature.