

ASS. REC. BY:

Steve

REF:

CS3/AIG 20006860/f3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD ☒ TP ☐ WS ☐ TP RES ☐ QD 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: SKJ53332Yr Regn: 1Type: ☒ Car ☐ M.Cycle ☐ Bus ☐ Van ☐ Lorry ☐ Taxi ☐ Prime Mover ☐

Truck / Trailer or

Make: BMW 530i

C.C

Colour: BlackA/C: Insured / Std / NI / NASp. Reading: 50399T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WB AJA 52030W A 34782Gen. 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: 245/42R19R: 11BS / DUN / EXNOVA / GY / FS / LIZA / ☒ MIO / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 4

mm

R/Bal. 4

mm

L/Bal. 4

mm

L/Bal. 4

mm

D.O.A. 26/6/20D.O.I. 6/7/20Survey held at Xin Yun ArbDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orFnd LH

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

Date / Time

Action / Instruction

waiting estimateSTEVE CONFIRMED L/S \$ 12,850.00/6 DAYS WITH BOSS
(\$ 16,822.00 RED - 57%)

Date/Time, File Pass to?

14/07/2020

1) TYPIST

Date/Time, File Return to?

2)



Preli. Report



Final Report

Days Of Repair: 6Resurvey No. of Trip: 2

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

Report Format:

Lump Sum L/S: (\$ \$ 12,850.00 L/S