

ASS. REC. BY:

REF:

TH / 20008290/K

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ TTS

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 Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 07 days Res.: Yes or NoLum Sum: 13.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLT1156E Yr Regn: 10.17Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Traller or AMake: BMW 530i c.c. 1998Colour: M.D. Blue A/C: Insured / Std / NI / NASp. Reading: 64245 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA7A52090G885833Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / S/Rim / STD A/Rim orTyre Size: F: 245/40R19R: 275/35R19BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front: 8 mm Rear: 8 mmR/Bal. 8 mm R/Bal. 8 mmL/Bal. 8 mm L/Bal. 8 mmD.O.A. 7/8/20 D.O.I. 13/8/2020

Survey held at _____

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

cls body

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

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

Report Format :

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