ASS. Rec. By: GQ | REF: CS/LPC20010189/Gsd3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s RC 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 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: SKC 323Y Yr Regn: 26 Jan/2017

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

Make: B.M.W. 730LI c.c 1998

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

Sp.Reading 153056 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBA7E02040G245272 *

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 245/50R18

R: 245/50R18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / 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.	23-09-2020

Survey held at W/S 5pm

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
	XGQ CONFIRMED P/P $ 3,827.50/3 DAYS WITH BOSS.
	($ 741.00/RED - 16%)

Date/Time, File Pass to?
16/10/2020
1) TYPIST
Date/Time, File Return to?
2)

☐ : Preli. Report
☑ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

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

Survey Fee:
Transportation: 3 + RS. SI
Photos
Others
TOTAL

Payment Particulars:
Lump Sum 10% : P/P $ 3,827.50