REF: CC4/A1620012415/U653

ASSIGNMENT

		0 0
From:	Date:	Veh No: 574 28 476 Yr Regn: 1
Estimated Cost:		Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD THI WS I TP RES!	OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	SJU 28419	Make: BMW c.c
at Workshop m/s	AIM	Colour R Lee A/C: Insured / Std / NI / NA
of		Sp.Reading / 7878/ T/Radio: Insured / Std / NI / NA
Insured:	SGR 3264	Eng/No:
Policy No.		CINO: WBANTIZOZOCX30519
Claims No.		Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured:	Excess:	Steering: Increar / Jammed / Leaked / Burnt or
(Client's Record)		Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:		Modi: Nil / S/Rim / STD A/Rim or
		Tyre Size: F: 2/5/80/2//
(Policy Condition)		Tyre Size: F: 215-/80216 R: Davonti
Remark: The veh had co	ommenced its N/S O/S	
repair at the tir	me of inspection.	TOYO/YOKO or
Bal. or Market Value:		Front Rear
IDAC Accident Rport:	Consistent?: Yes or No	R/Bal. 6 mm R/Bal. mm
GIA / PR Seen:	Consistent? : Yes or No	L/Bal. 6 mm L/Bal. 6 mm
Est. Repairs:	days Res.: Yes or No	D.O.A. 10/11/20 D.O.I. 1/11/20
Lum Sum:	% 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS		Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. /	Vehicle: IN / OU	IT MS BOLY
Date: Pe	erson Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction		
Date/Time, File Pass to?		D. 0/D. 1
Date/Time, File Fass to?	: Preli. Report	Days Of Repair:
1) Date/Time, File Return to?	: Final Report	Resurvey No. of Trip: Survey Fee:
	Add Fe	Transportation: Site Insp (\$)S+RS,SI
2)	Addit	
Donart Format		
Report Format :		
Lump Sum / I.B.I: (\$)	:Weekend (\$
		TOTAL