Ass. Rec. By: GQ. PRS

Ref: C33/SMO20013845/GKqf3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s MJE Motor

of

Insured:

Policy No.

Claims No. CMTD2003656/GPL

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: $92K

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 07 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKC68364 1st Regn: 31/Jul/2015

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

Make: BMW 520i c.c 1997

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

Sp.Reading 109081 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBA5A32040D828740

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: 275/30ZR20

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or FALKEN

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	15-12-20

Survey held at W/S 4:30pm

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
	$~~5000~~ - $6000 87-8K
07/01/21	Submit PRS.

Date/Time, File Pass to? 1) 07/1 [illegible] : Preli. Report : Final Report

Date/Time, File Return to? 2)

Report Format: PRS

Lump Sum / Upholstery:

Days Of Repair: 07

Resurvey No. of Trip: 2

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

Survey Fee:

Transportation: $ + RS $

Photos

Other

G.T.