

Kenneth

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MY
To Inspect Vehicle No: _____
at Workshop m/s _____
of 176 04-16 Wega
Insured: _____
Policy No. _____
Claims No. M11D12362104
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: 03 days Res.: Yes or No
Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SUN 961K Yr Regn: 04, 17
Type: M.Caf / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: BMW A 216d c.c. 1496
Colour: White A/C: Insured / Std / NI / NA
Sp. Reading: 65485 T/Radio: Insured / Std / NI / NA
Eng No: _____
C/No: WBA2E 32060514 46089
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Mod: Nil / S/Rlm / STD A/Rlm or
Tyre Size: F: 205/60R16
R: _____

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

Front	Rear
R/Bal. <u>7</u> mm	R/Bal. <u>7</u> mm
L/Bal. <u>7</u> mm	L/Bal. <u>7</u> mm
D.O.A. <u>15/3/21</u>	D.O.I. <u>23/3/2021</u>

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
01511

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

Date / Time Action / Instruction

Kenneth confirmed LS \$2200, 3 days (Red \$13110, 86%)

Date/Time, File Pass to?

11/26/04 Typist

Date/Time, File Return to?

2)

Report Format :

Lump Sum / +B. / (\$

TP

2200

Days Of Repair: 3

Resurvey No. of Trlp: 1

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

Survey Fee:

Transportation:

S - RS. SI

Others

Others

Others

TOTAL

5x24=124

240+124

60

80

13

628