

(08/11/13) wef
ASS. REC. BY: Marcus

REF: CC4/AIG21004676/U93

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SKC7605M
at Workshop m/s: ASIA
of: SGA 6543Y
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: \$34k.
IDAC Accident Rpt: _____ Consistent?: Yes or No
GIA / PR Seen: _____ Consistent?: Yes or No
Est. Repairs: 4 days Res.: Yes or No
Lum Sum: 20 % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: Dep 18/6
Vehicle: IN / OUT

Veh No: SKC7605M Yr Regn: 29/9/11
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or CA
Make: BMW 325i c.c. 2497
Colour: Black A/C: Insured / Std / NI / NA
Sp. Reading: 79265 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: WBA0W32060E486926
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: Nil / SRim / STD A/Rim or
Tyre Size: F: 225/45 R17
R: 255/40 R17
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or
Front R/Bal. 6 mm Rear R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. 8/4/21 D.O.I. 13/4/21
Survey held at _____
Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
Rear
The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
19/4/21 L/S \$3100 conf. with AH / org
CoE until 28-9-2021 LPA \$28104
Bal 5 mths plus NCT \$5896

Date/Time, File Pass to? : Preli. Report
1) : Final Report
Date/Time, File Return to?
2)
Report Format :
Lump Sum / I.B.I.: (\$)

Days Of Repair:
Resurvey No. of Trip: _____
Survey Fee: _____
Transportation: _____
Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Invs (\$)
 : Weekend (\$)
) S + RS,) SI
) Photos
) Others
TOTAL