

ASS. REC. BY: GD

CS/ UOI 21004742/Gvf3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop n/s Technic Auto

of _____

Insured: _____

Policy No. _____

Claims No. M11D12562104

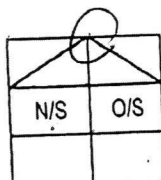
Sum Insured: _____ Excess: \$ 1500

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: \$ 330k

IDAC Accident Rpt: _____

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: SJT 9899R

Yr Regn: 07 Mar 2018

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

Truck / Trailer or

Make: BMW M3

c.c. 2979

Colour: green

A/C: Insured / Std / NI / NA

Sp. Reading: 26284

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBS8M920005647960

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 265/30ZR20

R: 11

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. 8/4/21

D.O.I. 15-04-21

Survey held at W/S

11AM

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

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

Date / Time	Action / Instruction
<u>15/4</u>	<u>veh had repaired</u>
<u>18/6/21</u>	Rece email from Josephine owner has make payment directly to workshop
<u>3/8/21 @ 11.27am</u>	Spoken to Josephine, surveyor has gone thru is fair and resonable. Excess will not indicate in the report, she take note of this.
<u>3/8/21</u>	COR \$9091 (Red 560,5%)

Date/Time, File Pass to?

☐ : Prell. Report
☐ : Final Report

1)

Date/Time, File Return to?

2) 3/8/21-Typist

Report Format: OD

Lump Sum / U/C

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Insp (\$)
☐ : Photo (\$)

Survey Fee:

Transportation:

3 + RS. \$

Photos

Other

Total

<u>290</u>
<u>60</u>
<u>80</u>
<u>35</u>
<u>425</u>