(08/11/13) wef

ASS. REC. BY: Marcus

REF: CC6/AIG2100 5924/Ups3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SLS 4260Y

at Workshop m/s Rf.

of

Insured: SKM 4001Y

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: 76k.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 6 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

086E

Vehicle: IN / OUT

Date: Person Contacted: Dazyk.

Veh No: SLS 4260Y Yr Regn: 08/10/2010

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or CA1

Make: BMW 535i c.c 2979

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

Sp.Reading 102469 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBAFR7209OC580012

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: 255/35ZR20

R: 285/30ZR20

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.	15/5/21	D.O.I.	18/5/21

Survey held at

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

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

Date / Time	Action / Instruction
	LTA $31695 cvr 31-10-2029
	have GIA
1/6/21	L/s $13,000 confirmed with Alan.

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

Lump Sum / I.B.I: ($)

Survey Fee:

Transportation: ___S + RS, ___SI

Photos

Others

TOTAL