ASS. FOR BY: Tanphin REF: CS3 | AIG21006027 | TIV$3.

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s #

of

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: $75K

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Sum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS WP - PRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SGG8484A Yr Regn: 2014 / Reg

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

Make: BMW 520I C.C 1997.

Colour: white. A/C: Insured / Std / NI / NA

Sp.Reading: 85269 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBA5V32040D335057

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: 245/40R19

R: 2 n.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIRELLI / 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.		D.O.I.	21/5/21 @ 230pm

Survey held at Hupley Hunt

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

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 ($)

☐ : Techn. Insp ($)

☐ : Wash ($)

Survey Cost:

Transportation: $ + R $

Photos

Other

Total

Report Fee:

Large Sum / Urgent