

ASS. REC. BY:

NA2

REF.

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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.

Bal. or Market Value: _____

IDAC Accident Rpt: _____

GIA / PR Seen: _____

Est Repairs: _____

Lum Sum: _____

CA / REV / REP. / 24 HRS

Date _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SJH 8008R Yr Regn: 30 MAY 2017Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: BMW 520D (C.C.) 995Colour BLACK A/C: Insured / Std / NI /Sp. Reading _____ T/Radio: Insured / Std / NI /

Eng/No: _____

C/No: WBAJ C320X06580968Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: NII / S/Rim / STD / A/Rim orTyre Size: F: 245/45 R18R: 11BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU PIR / SUMI /

TOYO / YOKO or _____

Front

R/Bal. 5 mmL/Bal. 5 mmD.O.A. 10/7/2021

Survey held at

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

FRONT

OFF SIDE REAR SIDE

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

C/L/S

Date / Time

Action / Instruction

LOE Rebate \$68,566.00
Repair Limit \$65,000.

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Report Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Survey Fee:

Transportation:

____ S + RS ____ SI

Photos

Others

TOTAL