ASS. REC. BY: NAZ

CS/ CTI 21007664/Nvc

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: GBG 2661T

Policy No. _____

Claims No. SNM21D203824/C02/CSC

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
LMS	RMS

Bal. or Market Value: $136K X X X

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est Repairs: 4 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: SJH8008R Yr Regn: 30 MAY 2017

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

Make: BMW 520D C.C 1995

Colour BLACK A/C: Insured / Std / NI /

Sp.Reading - T/Radio: Insured / Std / NI /

Eng/No: _____

C/No: WBAJC320X0G580968

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: 245/45 R18

R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 r
L/Bal.	5 mm	L/Bal.	5 r
D.O.A.	10/7/2021	D.O.I.	15/7/2021

Survey held at AP AUTO

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

(FRONT, OFFSIDE, UNDERCARRIAGE, NEARSIDE)

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

CTI L/S

Date / Time	Action / Instruction
	COE Rebate $68,566.00
	Repair Limit $65,000.
8/9/22	Naz informed LS $17,000 (red 39,349.05, 69%)

Date/Time, File Pass to? 1) _____

Date/Time, File Return to? 2) 9/9/22-typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : Merimen

Lump Sum / ~~I.B.I~~: ($ 17,000 _____)

Survey Fee:	
Transportation:	
___S + RS___SI	
Photos	
Others	
TOTAL	