

ASS. REQ. BY:

REF:

CS/TP21008283/Kqc

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD/TP/WS/TP RES/QD RES/EVA/INV/MV

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

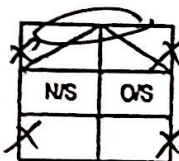
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: 60106 Yr Regn: 1Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: BMW M5 ccColour: M. Blue A/C: Insured / Std / NI / NA

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

Eng/No: _____

C/No: WBS JF02090CE 60106Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NII / S/Rlm / STD A/Rlm orTyre Size: F: 275/35ZR20R: 285/35ZR20

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PRT SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 9 mm R/Bal. 9 mmL/Bal. 9 mm L/Bal. 9 mmD.O.A. 1/1 D.O.I. 23/6/2021

Survey held at _____

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

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

Date / Time Action / Instruction

1 For LTA purpose; No repair days; no need Simon audit.

06/08/21 Submit final fig \$6708 (Red 830, 11%)

Date/Time, File Pass to?

☐: Prell. Report

1) 06/08 Typist

☐: Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transport:

S - RS - SI

Fees

Others

TOTAL

Add Fee:

☐: Site Insp (\$☐: Interview (\$☐: Tech Invs (\$☐: Weekend (\$

150

50

39

80

319

Report Format: TP

Lump Sum / I.B.I. (\$) 6708