

ASSIGNMENT

From:

Date:

Estimated Cost:

☒ QD / ☐ TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: SJY 6821H

at Workshop m/s: HWA PENG AUTO

of

Insured:

Policy No: DMPCSNW00045322105

Claims No: SNM21D204679/C01

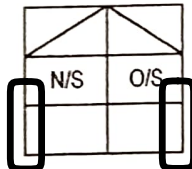
Sum Insured: Excess: TBA

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value: \$82k

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 12 days Res.: Yes or No

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

CA / ☒ REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJY6821H Yr Regn: 22 Sep/2010

Type ☒ M.Car ☐ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: B.M.W. 325i c.c. 2497

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

Sp. Reading: 208793 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBAPH16030NM60869*

Gen. Cond ☒ Good ☐ Fair / Poor / BurntSteering: ☒ Inorder ☐ Jammed / Leaked / Burnt orBrake: ☒ Inorder ☐ Jammed / Leaked / Burnt orModi: Nil ☒ S/Rim ☐ STD A/Rim or

Tyre Size: F: 225/40R18

R: 225/40R18

☒ 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. D.O.I. 27-08-2021

Survey held at W/S 11:30

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

Total Rebate Amount \$29,640

30/8/2021 Revert to CTI via Merimen.

31/8/2021 So Chow informed C/A via Merimen.

1/9/2021 Informed workshop C/A & ex:\$600/- via email.

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Insp (\$☐ : A/Weekend (\$

3 + RS. SI

Photos

Other:

TOTAL

Report Filed:

Long Quid/MPB: