

ASS. REC. BY: TaufikREF: CS/SMR 21007795/T1453 -1

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SJF 23Jat Workshop m/s AUTO ASSIST

of _____

Insured: SG 5158J

Policy No. _____

Claims No. BUS/07/21/5030

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: \$110K

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 9 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS WP PRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SJF23JC/E 2022 Dec
Yr Regn: 2012 / DecType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: BMW M3 Coupe cc 3499Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 93649 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBSK6920.80E997655

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 285/30R20R: W

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A.

D.O.I. 21/7/21Survey held at Auto Assist

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

Rear 6/s

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

Date / Time Action / Instruction

GIA in views\$6000 - \$8000, 9 repair days.

26/7/2021 Submit PRS.

15/9/2021 Submit final fig L/S \$8000, 9 repair days,
(RED \$7000; 47%)

Date/Time, File Pass to?

☐

: Preli. Report

1) 15/9 TYPIST

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 9

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format: TP

Lump Sum / L.B.H. (\$ _____)