

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

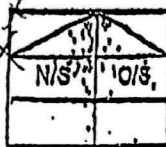
2000

(Client's Record)

Make of Veh:

(Policy Condition)

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



Rel. or Market Value:

IDAC Accident Report

Consistent? : Yes or No

SIA / PR Seat

Consistent? : Yes or No

Est. Repair:

days

Res.: Yes or No

Sum Sum

%

3 Val.: Yes or No

QA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN/OUT

Veh No:

SM 722

Yr Regn:

19/9/11

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

Truck / Trailer or

Make:

BMW 430i

cc:

1998

Colour:

White

A/O:

Insured / Std / NI / N

Sp. Reading

85703

T/Radio:

Insured / Std / NI / N

Eng/No:

C/No:

WCA 4V 329 69E 425549

Gen. Condi: Good / Fair / Poor / Bupst

Steering: Insured / Jammed / Locked / Burnt or

Brakes: Insured / Jammed / Locked / Burnt or

Modl: Nil / SRM / STD AIRM or

Tyre Size:

FR

255/40R18

RI

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

14/9/21

D.O.L.

22/9/21

Survey held at

Performance

MTH

Des. of Damages: FH / Rear / O/S / N/S / U/C / Reclap or

F1 LH:

The U/C / O/S's frame / Body Structure affected due to collision

Date / Time

Action / Instruction

MV - 179K

FINALISE AT \$11432.75, 6DAYS

RED: 1,991.10:14%

Time/Time, File, Possib.

☐

Prell. Report

☐

Final Report

Time/Time, File, Return to?

Days Of Repair:

6

Resurvey No. of Trips

Survey Fee:

Transportation:

Add Fee:

Site Insp (\$

Interview (\$

Tech. Inve (\$

Wheel and (\$

Site Insp (\$

Photos

Quire

TOTAL

2x25=50

290+50

60

80

34

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