(08/11/13) wef

ASS. REC. BY: Marcus

REF: CC4/ASM2101/052/Upa3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SJZ7699H

at Workshop m/s Zoom

of

Insured: SMJ5860U

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

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

Bal. or Market Value: $ 80k.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 14 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS 0072

Vehicle: IN / OUT

Date: Person Contacted: Dep g/k.

Veh No: SJZ7699H Yr Regn: 27/12/10

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

Make: BMW 320 i c.c 1995

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

Sp.Reading 107165 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBADV32070E491801

Gen. Cond: Good / Fair / Poor / Burnt

Steering: ~~Inorder / Jammed / Leaked / Burnt~~ or affected

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / ~~S/Rim~~ / STD A/Rim or 225/45 R17

Tyre Size: F:

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	18/10/21	D.O.I.	28/10/21

Survey held at —

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

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

Date / Time	Action / Instruction
	COE until 26-12-2030 LTA $37289
11/1/22	L/S $23,000 informed Elin

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 ($) __S + RS, __SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

Lump Sum / I.B.I: ($)