

ASS. REC. BY: SteveREF: CC4/11122000738/PA3**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD 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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMZ 8376Y Yr Regn: 21/5/21Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: BMW 3181 c.c. 1998Colour: Black A/C: Insured / Std / NI / NASp. Reading: 10030 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA70DY0X0850289Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: NII / S/Rim / STD A/Rim orTyre Size: F: 255/35 R19

R: _____

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

TOYO / YOKO or _____

Front R/Bal. 5 mmRear R/Bal. 5 mmL/Bal. 5 mmL/Bal. 5 mmD.O.A. 18/1/22D.O.A. 21/1/22Survey held at Performance Motors

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

Rear RH

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

Date / Time Action / Instruction

MV-177K

Date/Time, File Pass to?

☐ : Prel. Report1) _____
Date/Time, File Return to?☐ : Final Report

2) _____

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

____ \$ + RS. ____ SI

Photos

Others

TOTAL