

ASS. FRY:

REF: CC4/FWD22000812/Dea³

ASSIGNMENT

From: _____ Date: _____

Estimate Cost: _____

OD / RES / TP RES / OD RES / EVA / RV / MV

To Insp Vehicle No: _____

at Work m/s _____

or _____

Insured _____

Policy No. _____

Claims & _____

Sum Insured: _____

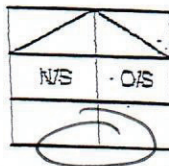
Excess: _____

(Check record)

Make Offer: _____

(Police Condition)

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



Bal. of Market Value: _____

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repair: _____

3 days

Res.: Yes or No

Lima Sum: _____

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SD2502RYr Regn: Sept 2014Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: BMW 420i CoupeD.D. 1997Colour: Black

A/C: Insured / Std / N/A

Sp. Reading: 89928

T/Radio: Insured / Std / N/A

Eng/No: A7640695H20B20BC/No: WBA3N12060F994858Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: N/A / STD A/Rim orTyre Size: F: 225/45 R 18R: 245/40 R 18

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

TOYO / YOKO or

Pirelli

Front

Rear

R/Bal: 5 mmR/Bal: 5 mmL/Bal: 5 mmL/Bal: 5 mmD.O.A. 22/01/2022D.O.L. 24/01/2022Survey held at JWG AMKDes. of Damages: Front / Rear / O/S / N/S / U/C / Roof/Top orRear

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

Date / Time

Action / Instruction

FWD SNB 8785P28/12/2022man 1/5 3,000/- with 3 days 7 days

Date/Time, File Pass to?



: Prel. Report

Days Of Repair: _____

Resurvey No. of Trip: _____

1)

Date/Time File Return to?



: Final Report

2)

Add Fee: _____

: Site Insp (\$)

: Interview (\$)

Survey Fee: _____

Transportation: _____

: S + RS: _____

Phone: _____