ASS. [redacted] NY:

REF: CC4/FWD22000812/Dea 3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TPFT / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop/s _____

of _____

Insured _____

Policy No. _____

Claim No. _____

Sum Insured: _____ Excess: _____

(Client's record)

Make Offer: _____

(Policy Condition)

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

N/S	O/S

Bal. of Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 3 days Res.: Yes or No

Lump Sum 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SJD2502R Yr Regn: Sept/2014

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

Make: BMW 420i Coupe C.C 1997

Colour Black A/C: Insured / Std / NIL / NA

Sp.Reading 89928 T/Radio: Insured / Std / NIL / NA

Eng/No: A7640695N20B20B

C/No: WBA3N12060F994858

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: 225/45R18

R: 245/40R18

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	22/01/2022	D.O.I.	24/01/2022

Survey held at JWG AMK

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

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

Date / Time	Action / Instruction
	FWD SNB 8785P
28/02/22	Insp L/S 3,000/- with 3 days

Date/Time, File Pass to? _____ ☐ : Preli. Report ☐ : Final Report

Date/Time File Return to? _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp ($ _____) ☐ : Interview ($ _____)

Phone: _____