

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CC6/AIG22001849/U93

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SND8579Hat Workshop m/s Zoom

of _____

Insured: SMC 5096X

Policy No. _____

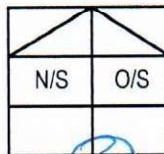
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: £76k

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 3 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or NoCA / REV / REP. / 24 HRS 976B

Vehicle: IN / OUT

Date: _____ Person Contacted: 027 9600Veh No: SND8579H Yr Regn: 15/6/10Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: BMW 523i c.c. 2497Colour: Black A/C: Insured / Std / NI / NASp. Reading: 185706 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBAFP32070.C544303Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 255/35 ZR20R: 285/30 ZR20BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front 6 mm Rear 6 mmR/Bal. 6 mm L/Bal. 6 mmL/Bal. 6 mm D.O.A. 25/2/22 D.O.I. 28/2/22

Survey held at _____

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

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

Date / Time Action / Instruction

Cor uncl 14-6-2020 LTA £278247/3/22 informed E.I. 1/5 £2700

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

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

Survey Fee:

Transportation:

) S + RS. SI

) Photos

) Others

Report Format :

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

TOTAL