

(08/11/23)

ASS. REC. BY:

REF: C44/FWD22003117/Dga³

ASSIGNMENT

CJE Aug 2030

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 Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 8 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SMR 5863U Yr Regn: Aug / 2010
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: BMW 325i c.c. 2497
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 1407524 T/Radio: Insured / Std / NI / NA
 Eng/No: 01477423H52B25AF
 C/No: WBAPH16010NM60868
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: NII / S/Rim / STD A/Rim or
 Tyre Size: F: 225/35 R19
 R: — 11 —
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Falken
 Front Rear
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 02/04/2022 D.O.I. 06/04/2022
 Survey held at JWG AMK
 Des. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>FWD SKN 6304E</u>
<u>13/09/22</u>	<u>from 15/9/2021 - into 8 days of work</u> <u>L/sum \$9,600.00</u>

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

Days Of Repair: _____
 Resurvey No. of Trip: _____

1) _____
 Date/Time, File Return to?
 2) _____

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

Survey Fee:	
Transportation:	
S + RS, SI	
Photos	
Others	
TOTAL	

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