

Ass. Rec. By:

REF:

CS/CTI22003197/Any3

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No:

SLA5802Y Yr Regn: 2016 / March

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

BMW 116D C.C. 1496

Colour

Blue A/C: Insured / Std / NI / NA

Sp. Reading

103030 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WBAIV720X0V724158

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: 205/55R16

R: 205/55R16

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

TOYO / YOKO or

Front

R/Bal.

06

mm

Rear

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

07/04/22

Survey held at

HD Perfect.

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

Front N/S.

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

Date / Time

Action / Instruction

TP Ching

lump sum: \$5700 and 4 days

(red, \$9519.98, 63%)

MV:

PV:

Nett:

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1) 20/07/22

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : S + RS. SI

☐ : Photos

☐ : Others

Report Format:

tp-merimen

1) 20/07/22 / P / C

5700