

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No:

SM741314  
kim chwee

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

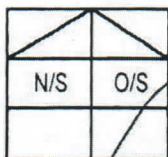
Excess:

950

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

\$69k.

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

APL

Vehicle: IN / OUT

Date:

Person Contacted:

LTA 50267

Date / Time

Action / Instruction

Rep 18k.

Not PML cer is from PI

4/5/22

4/5 @ 4100 informed Alan.

RED: 12261.35;92%

Veh No:

SM741314

Yr Regn:

24/09/14

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

Truck / Trailer or

(A)

Make:

BMW 328iA

c.c

1997

Colour

black

A/C:

Insured / Std / NI / NA

Sp. Reading

102479

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WBA3X32030DZ23232

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:

R:

245/45 R18

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

TOYO / YOKO or

hankook

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

23/04/22

D.O.I.

27/4/22

Survey held at

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

Rear O/S.

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

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

TOTAL

3X15=45

170+45=215

215

50

50+50

64

429

Report Format :

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