

ASS. REC. BY:

Steve

ER

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
<u>XX</u>	<u>X</u>

Bal. or Market Value: _____

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

days

Res.: Yes or No

Lum Sum: _____

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____

Person Contacted: _____

Veh No: SW 542Yr Regn: 30/4/19Type: M.Gar / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: BMW 330ic.c. 1998Colour: Grey

A/C: Insured / Std / Nil / NA

Sp. Reading: 23336

T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: WBASR 12000AKT 2151Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / SIR / STD A/Rim orTyre Size: F: 225/45R18R: 17BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or .

Front

Rear

R/Bal. 4 mmR/Bal. 4 mmL/Bal. 4 mmL/Bal. 4 mmD.O.A. 14/5/22D.O.I. 25/5/22Survey held at Performance MotorDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time

Action / Instruction

MIV-164XFinalize \$3533.15 (P/P, before GST). 3 daysRED: 1598.09;31%

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Report Format: _____

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

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL