

ASS. REF: UBI 140/118

REF:

63 / SMK 22005140/118

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp. ed Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

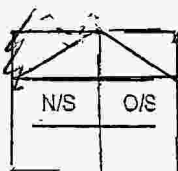
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

\$200K

IDAC Accident Report _____

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 wp

Date: _____ Person Contacted: _____

Vehicle InvVeh No: SMK 8118 MYr Regn: 2017 NovType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: BMW 740 LIc.c. 2998Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 67068

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WKA 7E 220 506764357Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: NI / S/Rim / STD A/Rim orTyre Size: F: 245 / 45 R19R: 245 / 45 R19

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

D.O.I. 31/5/22Survey held at De tail lab.Des. of Damages Fit / Rear / O/S / NIS / U/C / Rooftop orFit n/s, U/C

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

Date/Time _____ Action / Instruction _____

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 _____

Repair Format: _____

Lump Sum / I.E.L. (\$) _____