Ass. Rec. By: REF: CS/SMR22006895/Avy3

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: SHC 4595M

Policy No.

Claims No. TAX/07/22/2043

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 Rport: 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: SMF 3830R Yr Regn: 2015, April

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

Make: BMW 730Li c.c 2996

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

Sp.Reading 74981 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBAYE22070DZ21215

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 245/50R18

R: 245/50R18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.	14/7/2022	D.O.I.	02/08/22

Survey held at Twin Cars.

Des. 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
	TP SMRT.
18/8/22	Adrian informed LS $2300 (Red 8511, 78%)
	MV :
	PV :
	Nett :
	601H.

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

1) ☐ : Final Report

Date/Time, File Return to?

2) 18/8/22-typist

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation: ___S + R$ ___SI

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

Photos

Others

Report Format : TP