ASS. REC. BY: Taufiq | REF: CS3/CT122007345/Puy3

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: XE 6780G

Policy No. DMCVSNW00129142100

Claims No. SNM22D205296/C02/TANKW

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: $63k

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: SMM3140L Yr Regn: 2016 / June

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

Make: BMW 116D c.c 1496

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

Sp.Reading 113658 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA1V720X0V724595

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: 205/55R16

R: " "

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 28/7/2022 D.O.I. 2/8/22 @ 4.30pm

Survey held at SAT

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

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

Date / Time	Action / Instruction
	NO GIA Repair Range : $8000 - $9000, 8days
11/8/22	Submit PRS, repair range $8,000-$9,000

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 11/8/22-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 8

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

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

Survey Fee:	
Transportation:	
S + RS	SI
Photos	
Others	
TOTAL	