

ASS. REC. BY: T. J. M.

REF:

CS3/C122007345/70y3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / IF / 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

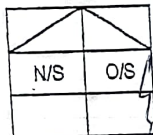
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: \$63k

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

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: 113638 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA1V720X0V724575

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / SRim / STD A/Rim or

Tyre Size: F: 205/55R16

R: 205/55R16

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 0430pm

Survey held at SAT

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

O/S Rear, u/c.

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

Date/Time Action / Instruction

No GIA Repair Range: \$8000-\$9000, 8 days

11/8/22 Submit PRS, repair range \$8,000-\$9,000

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: 8

1) _____
Date/Time, File Return to?

☐ : Final Report

Resurvey No. of Trip: _____

2) 11/8/22-typist

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS SL

Photos

Others

TOTAL

Rep. Format: _____

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