

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

REF:

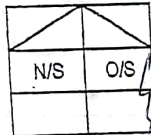
CS3/C122007345/70y3

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: _____
 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: _____
 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: _____
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: BMW C.C. _____
 Colour: Grey A/C: Insured / Std / NI / NA
 Sp. Reading: 113638 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WBA1V720X0V724595
 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: _____ 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. _____ D.O.I. 2/8/22 0430pm

Survey held at SIAT
 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
	<u>No GIA Repair Range: \$8000-\$9000, 8 days</u>

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Rep. Format: _____

Lump Sum / I.B.A. (F) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

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