

Ass. Rec. By:

REF:

CS/SMO22009242/Any3

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: _____

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 5 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: SLV8832E Yr Regn: 2017 AprilType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: BMW 520D c.c. 1995Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 159523 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBAJC32080G580953Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim orTyre Size: F: 245/40R19R: 245/40R19

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mmR/Bal. 06 mmL/Bal. 06 mmL/Bal. 06 mm

D.O.A.

D.O.I.

20/09/22Survey held at YSK

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

Front N/S

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

Date / Time	Action / Instruction
	<u>TP Sample</u>
	09/10/22 Adrian confirmed lump sum :\$ 9500 and 5 days (red, 10083.56, 51%)
	<u>MV : 125K</u>
	<u>PV : 59.1K</u>
	<u>Nett : 65.9K</u>
	<u>384A</u>

Date/Time, File Pass to?

1) 13/10/22

Date/Time, File Return to?

2)

☐

Preli. Report

☐

Final Report

Days Of Repair: 5

Resurvey No. of Trip: 2

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Insp (\$)

Survey Fee:

Transportation:

Photos

Others

Report Format:

Lump Sum / REP. / 9500