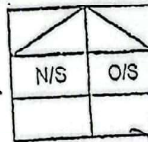


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 00 (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.



Est. or Market Value: _____
 IDAC Accident Report _____ Consistent? : Yes or No
 GIA / PR Sean: _____ Consistent? : Yes or No
 Est. Repairs: 12 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: SD7 91114 Yr Regn: 1/11/18
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: BMW 1201 c.c. 1998
 Colour: Black A/C: Insured / Std / HI / NA
 Sp. Reading 44947 T/Radio: Insured / Std / HI / NA
 Eng/No: _____
 C/No: WBAUH39010R P 7582
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Good / Jammed / Leaked / Burnt or
 Brake: Good / Jammed / Leaked / Burnt or
 Mod: NII / SRM / STD A/Rim or
 Tyre Size: F: 255/40R18
 R: 1

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

Front Rear
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 17/9/22 Performance D.O.I. 17/10/22

Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear RH

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

Date / Time Action / Instruction

MV-1199X

We will be advising our principal for the costs of repairs in \$16,796.05 and 12 days
 (red, \$6568.20, 28%)

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

1) 27/12/22

Date/Time, File Return to?

2)

Repair Format: tp

Lump Sum / L.B.A. (\$) 16796.05

Days Of Repair: 12

Resurvey No. of Trip: 1

Add Fee:

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

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL