

ASS. REC. BY:

REF: ASM / 220099131kp

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop n/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

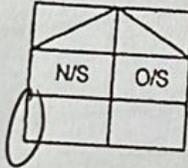
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 8113k

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 3-4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SGT-6888B Yr Regn: 06, 19

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or _____

Make: BMW 216i c.c. 1499

Colour: M-P. White A/C: Insured / Std / NI / NA

Sp. Reading: 19842 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA 2X9 20707E 11053

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/R/Im / STD A/R/Im or

Tyre Size: F: _____

R: 205/55R17

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

Front

R/Bal. 2 mm

L/Bal. 2 mm

D.O.A. 4/10/22

Survey held at

Rear

R/Bal. 2 mm

L/Bal. 2 mm

D.O.I. 7/10/2022

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or N/S rear

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

EM NOT ready

Time, File Pass to?

: Prell. Report

: Final Report

Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: _____