

ASSIGNMENT

From: _____ Date: _____
 Estimated cost: _____
 OD (TP) / VS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: SKV 5003M
 Policy No. 1001484137
 Claims No 287295
 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: \$116k.
 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 wp^ PRs
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
17/10/22	Repair Range: \$15,000 - \$17,000, 14 days.

Veh No: SMG5128S Yr Regn: 2018 / Dec.
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: BMW 2161 Gran Tourer C.C. 1499
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 175092 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WBAGV12070 ED 05531
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 205/55R17
 R: ~
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIRELLI 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. 8/10/22 D.O.I. 13/10/22
 Survey held at Benz Body Works
 Des. of Damages (Ft) (Rear) / O/S / N/S / U/C / Rooftop or _____
 The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to? ☐ : Preli. Report
☐ : Final Report

Days Of Repair: 14
 Resurvey No. of Trip: _____

2) 17/10/22-typist

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

Survey Fee: _____
 Transportation: _____
 S + RS. \$ _____
 Photos _____
 Others _____

Rep. Form: _____
 Date/Time, File Return to? _____