

REC BY: Steve CS/ICS 22010414/43

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
☒ 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: _____

N/S	O/S

(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
 G/A / 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: SMR 8563X Yr Regt: 12/11/14
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: BMW 570 c.c. 1997
 Colour: white A/C: Insured / Std / Nil / NA
 Sp. Reading: 101809 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: WRAS A32040P335736
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 245/45R18
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or: Pirelli
 Front R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 16/9/22 D.O.I. 26/10/22
 Survey held at: Accord Auto
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
Front RH
 The UIC / Chassis frame / Body Structure affected due to collision.

16/11/2022 Finalise P/P \$7,136.70 @ 4 days (Red \$1,815.40 @ 20%)

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L.B.J. (%)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

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

Survey Fee:

Transportation:

\$ + RS. \$

Protes

Others

TOTAL