

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: 6 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: SMH 8511T Yr Regn: 12/9/19
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: BMW 520i c.c. 1918
 Colour: Blue A/C: Insured / Std / Nil / NA
 Sp. Reading: 73978 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: WBAJA12C30R52089
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 245/45R18
 R: 245/45R18
 BS / DUN / EXNOVA / SY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or .
 Front
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 6/11/22 D.O.I. 9/11/22
 Survey held at Performance
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Front RH
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>MR-180K</u>
	Confirmed final fig: \$14,224.30 and 6 days
	(red. \$2788.20, 16%)

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: 61) 19/11/22☐ : Final ReportResurvey No. of Trip: 1

Date/Time, File Return to?

2) _____

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

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL

Report Format: tpLump Sum / I.B.E. (\$) 14224.30