ASS. REC&BY: **Steve**

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____ **0**

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 Rport: _____ Consistent? : Yes or No

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

Est. Repairs: **5** 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: **SKE 3981 D** Yr Regn: **24/9/12**

Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: **BMW I4** c.c **2497**

Colour **White** A/C: Insured / Std / NI / NA

Sp.Reading **64519** T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: **WBALL3202050801Λ2**

Gen. Cond: Good / **Fair** / Poor / Burnt

Steering: **Inorder** / Jammed / Leaked / Burnt or

Brake: **Inorder** / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: **225/45R17**

R: **//**

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

Front		Rear	
R/Bal. **4**	mm	R/Bal. **4**	mm
L/Bal. **4**	mm	L/Bal. **4**	mm
D.O.A. **3/11/22**		D.O.I. **9/11/22**	

Survey held at **Shu Fatt**

Des. of Damages : Frt / Rear / **OIS** / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction

MV-110K

We will be advising our principal a cost of repair of Lump sum $8,050.00
with 5 days of repair, subject to their approval.

(red, $7128, 47%)

Date/Time, File Pass to?
☐ : Preli. Report
1) 06/12/22
☐ : Final Report
Date/Time, File Return to?
2) _____

Repair Format : **TP**

Lump Sum / LSt. ($ **8050**)

Days Of Repair: **5**

Resurvey No. of Trip: **2**

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

Survey Fee: _____
Transportation: _____
S + R.S. ____ SI
Photos _____
Others _____
TOTAL _____