

ASS. REC. BY:

REP:

OS/CTI 278 10825/Agp3

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: 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: SKP 3696H Yr Regn: 2011 / Feb.

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

Truck / Trailer or

Make: Bmw 523i c.c. 2497

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading: 22015 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBAFP32060C863790

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: 255/35R20

R: 255/35R20

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU PIR / SUMI /

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 28/11/22

Survey held at One Garage

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

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

Date / Time Action / Instruction

TP Churn

COE Expiry: 31/10/30.

LS \$4800, 5 days. (Red \$8164, 63%)

MV :

PV :

Nett :

387D

Date/Time, File Pass to?

: Preli. Report

1) 06/03 Typist

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

: Site Insp (4)

: Interview (8)

: Tech. Insp (6)

\$ - RS - 31

Photos

Others

Report Format:

MER-TP

Revision: 01/01/01