

ASS. REC. BY:

REF: *SM01 23 0006471kw*

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s *Astute*

of *02-16-17* *8170*

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

1.30pm

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Bal. or Market Value: *\$90k*

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: *07/30* Person Contacted: _____ Vehicle: IN / OUT

Veh No: *SKN 33138* Yr Regn: *07, 10*

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

Truck / Trailer or

Make: *BMW 523i* c.c. *2497*

Colour: *M. D Gray* A/C: Insured / Std / NI / NA

Sp. Reading: *209913* T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *WBA1-P 32040C 544985*

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 / Rim or

Tyre Size: F: _____ R: _____

225/55R17

BS / DUN / EXNOVA / GY / FS / LIZA / MICTOHTSU / PIR / SUMI /

TOYO / YOKO or

Front R/Bal. *5* mm Rear R/Bal. *5* mm

L/Bal. *5* mm L/Bal. *5* mm

D.O.A. *6/10/22* D.O.I. *17/2/2023*

Survey held at _____

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

N/S Front

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

1 PRS, no documents given Base on owner, TP hit his vehicle Frt & Rear, then come down and scratches his car o/s body???

Repair Range - \$3000 ~ \$4000 @ 6 days

Date/Time, File Pass to? *24/02/2023*
1) *Tyorst*
Data/Time, File Return to? _____
2) _____

: Prell. Report
 : Final Report

Days Of Repair: *6*
Resurvey No. of Trlp: _____

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

Survey Fee:
Transportation _____
S-RS. SI _____
Parking _____
Other _____
TOTAL _____

Report Format: *PRS (TP)*
Lump Sum / I.B.I: (\$ *3k - \$4k*)