

ASS. REC. BY:

REF: *SM01 23 0006471kw*

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TPRES/ODRES/EVA/INV/IMV

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.

Bal. or Market Value: *890k*

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Veh No: *SKN 3313 E* 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

Modi: Nil / S/Rim / STD *VR* / Rim or

Tyre Size: F: _____ R: *225/55R17*

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

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

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

| Date / Time | Action / Instruction |
|-------------|---|
| <i>1</i> | <i>PRS, no no documents given Base on owner, TP hit his vehicle Frt & Rear, then come down and scratches his car o/s body ???</i> |
| | |
| | |
| | |

Date/Time, File Pass to? : Prell. Report : Final Report

Days Of Repair: _____ Resurvey No. of Trip: _____

Date/Time, File Return to?

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

| | |
|----------------|--|
| Survey Fee: | |
| Transportation | |
| \$ - RS. SI | |
| Fixes | |
| Others | |
| TOTAL | |

Report Format : _____ Lump Sum / I.B.I. (\$ _____)