

ASS. REC. BY:

REF:

Smo / 230006961Keyz

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop n/vs _____

of 5035 01-349 9016

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: @ 156k

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 4 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: SMA 6645D Yr Regn: 07, 21

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

Truck / Traller or _____

Make: BMW 216i c.c. 1499

Colour: M. Beige A/C: Insured / Std / NI / NA

Sp. Reading: 19958 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA 6V12020.5. 577666

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: 205/55R17 R: _____

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

| | |
|----------------|------------------|
| Front | Rear |
| R/Bal. 7 mm | R/Bal. 7 mm |
| L/Bal. 7 mm | L/Bal. 7 mm |
| D.O.A. 12/1/23 | D.O.I. 30/1/2023 |

Survey held at _____

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

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

| Date / Time | Action / Instruction |
|-------------|-------------------------|
| / | PRS, no documents given |
| | EV repair con 85-6k |

Date/Time, File Pass to?

: Prel. Report

: Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Add Fee: : Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

Transportation

) S - RS, SI

) Parts

) Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$