## ASSIGNMENT

| | |
|---|---|
| From: _____ Date: _____ | Veh No: **SJK6322E.** Yr Regn: **2021 Dec.** |
| Estimated Cost: _____ | Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / |
| OD / TP / WS / TP RES / OD RES / EVA / INV / MV | Truck / Trailer or |
| To Inspect Vehicle No: _____ | Make: **BMW · 318i** c.c **1998** |
| at Workshop m/s _____ | Colour **White.** A/C: Insured / Std / NI / NA |
| of _____ | Sp.Reading **21352** T/Radio: Insured / Std / NI / NA |
| Insured: _____ | Eng/No: |
| Policy No. _____ | C/No: **WBA70DY0008 G28799.** |
| Claims No. **6910289823SG** | Gen. Cond: (Good) / Fair / Poor / Burnt |
| Sum Insured: _____ Excess: _____ | Steering: (Inorder) / Jammed / Leaked / Burnt or _____ |
| (Client's Record) | Brake: (Inorder) / Jammed / Leaked / Burnt or _____ |
| Make of Veh: _____ | Modi : Nil / (S/Rim) / STD A/Rim or _____ |

Tyre Size: F: **255/35R19.**
R: **255/35R19.**

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

(Policy Condition)

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

| | N/S | O/S |
|---|---|---|
| | | |

| Front | | Rear | |
|---|---|---|---|
| R/Bal. **06** mm | | R/Bal. **06** mm | |
| L/Bal. **06** mm | | L/Bal. **06** mm | |

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

D.O.A. _____ D.O.I. **21/02/23.**

Survey held at **JDM.**

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

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

| Date / Time | Action / Instruction |
|---|---|
| | **TP Alg.** |
| | |
| | Adrian confirmed lump sum: $6700 and 5 days (red, $13702.61, 67%) |
| | **MV :** |
| | **PV :** |
| | **Nett :** |
| | |
| | **591C** |

Date/Time, File Pass to? ☐ : Preli. Report    Days Of Repair: **5**

1) **20/03/23** ☐ : Final Report    Resurvey No. of Trip: **1**    Survey Fee: _____

Date/Time, File Return to?    Transportation: _____

2) _____    Add Fee: ☐ : Site Insp ($ ____ ) ___ S ÷ RS.___ SI

☐ : Interview ($ ____ ) Photos

☐ : Tech. Inve ($ ____ ) Others

Report Format : **TP**
**6700**