A. RECBY: [illegible] REF: 08/LIP2300209q/Tmy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect/Veh No: _____

Workshop: _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S
	X

Bal. or Market Value: 8112K.

D.A.C Accident Rpt: _____ Consistent? : Yes or No

P.A. / PR Sec.: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

D.A. / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMM523K Yr Regn: 2019 June

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: BMW 216I c.c 1499

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

Bf. Reading: 45946 T.Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA6V1204 05N 31510

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Intact / Jammed / Leaked / Burnt or _____

Brake: Intact / Jammed / Leaked / Burnt or _____

Mod: NIL / Sram / STD A/Rim or _____

Tyre Size: F: 205/55R17

R: " "

Tyre: DUN / EXNOVA / GY / FS / LIZA / MIC / DNTEU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.L	7/12/22 @ 1055

Survey held at Hua Meng

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

Date/Time, File Pass to? _____

Date/Time, File Return to? _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add'l Fee: [illegible]