

A&S REC:BY: Taufik

REF: CS/MSG 22010129/Try 3-1

ASSIGNMENT

From: _____ Date: _____

Estimated cost: _____

OD TP / VS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SKV 5003M

Policy No. 1001484137

Claims No. 287295

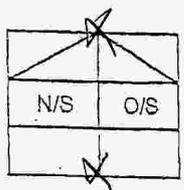
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: \$116K.

IDAC Accident Report _____ 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

w/ PRS

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMG5128S - Yr Regn: 2018 / Dec.

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

Make: BMW 2161 Gran Tourer c.c. 1499

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

Sp. Reading: 175092 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBAGV12070ED05531

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 A/Rim or

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

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

Front R/Bal. 6 mm

Rear R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 8/10/22

D.O.I. 13/10/22

Survey held at Benz Body Works

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

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

Date / Time	Action / Instruction
17/10/22	Repair Range: \$15,000 - \$17,000, 14 days.
14/3/23	Submit LS \$17,150 (red 5000, 22%)

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2) 14/3/23-typist

Days Of Repair: 12

Resurvey No. of Trip: _____

Survey Fee:	_____
Transportation:	_____
S + RS. SI.	_____
Photos	_____
Others	_____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. invs (\$ _____)

Rep. Form: _____

Case No. / Ref. No. _____