

ASS. REC. BY:

REF:

TIL / 23003326/kp
GAB

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

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.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04

days

Res.:

Yes or No

Lum Sum:

20

%

3 Val.:

Yes or No

A / REV / REP. / 24 HRS

12/30

ate:

Person Contacted:

Vehicle: IN / OUT

ate / Time

Action / Instruction

Est NOT ready

File Pass to?

☐

: Prell. Report

File Return to?

☐

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation

S - RS. SI

F. Invs

Others

Format:

n / I.B.I: (\$

Veh No:

ST7 7205A

Yr Regn:

12 10

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

Truck / Trailer or

A

Make:

BMW 523i

c.c

2497

Colour

M. Black

A/C:

Insured / Std / NI / NA

Sp. Reading

119498

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WBA1-P 32030C 547358

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / RIM or

Tyre Size:

F:

245/40ZR19

R:

275/35ZR19

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

Front

R/Bal.

6

mm

Rear

R/Bal.

5

mm

L/Bal.

6

mm

L/Bal.

5

mm

D.O.A.

21/3/23

D.O.I.

3/4/2023

Survey held at

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

O/S Acc body

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

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Others

Format:

n / I.B.I: (\$