(08/11/13) wef

ASS. REC. BY: Marcus

REF: CC4/ ASM 23003463/4 p93

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SND 6082L

at Workshop m/s JSSM 02-13

of

Insured: SMC 5628X

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:

IDAC Accident Rport: 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**

C138W

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

Date: Person Contacted: 86669645

Veh No: SND 6082L Yr Regn: /

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

Make: BMW c.c

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

Sp.Reading 101540 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: WBSKG920.0E 697817

Gen. Cond: **Good / Fair / Poor / Burnt**

Steering: **Inorder / Jammed / Leaked / Burnt** or

Brake: **Inorder / Jammed / Leaked / Burnt** or

Modi : **Nil / S/Rim / STD A/Rim** or

Tyre Size: F: 255/35ZR19

R: 275/35ZR19

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / 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.	31/03/23	D.O.I.	4/4/23

Survey held at —

Des. of Damages : **Frt / Rear / O/S / N/S / U/C / Rooftop** or N/S Rrf

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

Date / Time	Action / Instruction

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

1) ☐ : **Final Report**

Date/Time, File **Return** to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:	
Transportation:	
__S + RS__SI	
Photos	
Others	
TOTAL	