(06/11/13) wef

ASS. REC. BY: Marcus

REF: CS3/ HSB2300351O/Unp3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SCW2M

at Workshop m/s S,n Weechuan

of 03-33

Insured: SHA 9310K

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: $ 125k.

IDAC Accident Rport: _____ Consistent? : **Yes** or **No**

GIA / PR Seen: _____ Consistent? : **Yes** or **No**

Est. Repairs: 4 days Res.: **Yes** or **No**

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

CA / REV / REP. / 24 HRS

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

Veh No: SCW2M Yr Regn: 06/10/10

Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer** or 4A/

Make: BMW M3 convertible c.c 3999

Colour wh-pl A/C: **Insured / Std / NI / NA**

Sp.Reading 114275 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: WBSDX9201OE437497

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

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

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

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

Tyre Size: F: 255/35ZR19

R: 275/30ZR19 PIR

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

Front		Rear	
R/Bal.	5- mm	R/Bal.	5- mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	31/03/23	D.O.I.	5/4/23

Survey held at _____

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

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

Date / Time	Action / Instruction
	Dg 17k.
	Cse unt 13/08/2030 LTA# 24366
	NO Estimate >RS
	survey on 5-4-23 @ 11.30 am
	resurvey on 5-4-23 @ 2.45pm.
6/4/23	submit repair range 5-6k.

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	