ASS. ~~ED~~ BY: REF: C3/KG123004599/Any3

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)

N/S	O/S

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

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMA2341T. Yr Regn: 2018, May.

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

Make: BMW 216D c.c 1496.

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

Sp.Reading: 134768. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBA2B32030V926412

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: 205/60R16

R: 205/60R16

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

Front			Rear		
R/Bal.	06	mm	R/Bal.	06	mm
L/Bal.	06	mm	L/Bal.	06	mm
D.O.A.			D.O.I.	05/05/23.	

Survey held at: NS1

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
	TP Ergo. COE Expiry : ✓
	Estimate given during 1st Survey : Yes ( ) No (✓)
	MV :
	PV :
	Nett :
	032F.

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

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($) [ ] : Interview ($) [ ] : Tech. Inve ($)

Survey Fee:

Transportation:

__S + RS.__SI

Photos

Others

Report Format :

Lumin Form / LRP / 3