

REP: CS/UOI23004950/Avy3m4

ASSIGNMENT

From: _____ Date: _____
 Est. Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: **SBR 99Y**
 Policy No. _____
 Claim No. **M11D00182305**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: **SKF28J** Yr Regn: **2017, Dec**
 Type: ☒ M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **BMW 520i** C.C. **1998**
 Colour: **Black** A/C: Insured / Std / NI / NA
 Sp. Reading: **57251** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **WBAJA12000B J18541**
 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 A/Rim or _____
 Tyre Size: F: **245/45 R18**
 R: **245/45 R18**

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

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. **12/5/2023** D.O.I. **16/05/23**
 Survey held at **IL Perfect**

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or

Front O/S, N/S, undercarriage

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

Date / Time	Action / Instruction
	TP UOI.
20/6/23	Adrian confirmed lump sum \$19,950 (red 43,235.35, 68%)
	COE Expiry :
	Estimate given during : Yes C ✓
	1st Survey : N/A C ✓
	MV :
	PV :
	Nett :
	8875

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair: **9**

Resurvey No. of Trip: _____

1)

Date/Time, File Return to?

2) **20/6/23-typist**

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Inve (\$)

Survey Fee:

Transportation:

S + RS: \$

Photos

Others

(53 x 25)

250 + 1325
60
80 + 80
90

Report Format: **TP**

Insured's Premium: **IS \$19,950**

T: **1885**

088 23/6/23