ASS. REC. BY: Kenneth | REF: FCI / CS/FCI23005267/Knp3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Yee Auto

of 9697

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.

N/S	O/S

Bal. or Market Value: @ 74k

IDAC Accident Rport: _____ 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

CA / REV / REP. / 24 HRS

Date: 09/23 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SND 3622 Z Yr Regn: 09, 13

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

Make: BMW 640i c.c 2979

Colour Matt Grey A/C: Insured / Std / NI / NA

Sp.Reading 133770 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA6A02040DZ11829

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: 245/40R19

R: 275/35R19

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	16/5/23	D.O.I.	23/5/2023

Survey held at _____ ✓

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or o/s body

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

Date / Time	Action / Instruction
/	RM o/s door, unable to open, esm not ready
	LTA $66,578.00
	Kenneth confirmed lump sum $4100 and 4 days
	(red. $10614.4, 72%) MV: $ 74000
	LTA: $ 66407
	NV: $ 7593

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

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

4 x 15 = 60

Survey Fee:	170+60
Transportation:	50
S + RS SI	50
Parking	18
Others	
TOTAL	348