

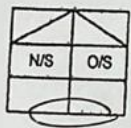
ASS. REC. BY: Kenneth REF: AIS/23008233/KV

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD/TP/WS/TP RES/OD RES/EVA/INV/MV
To Inspect Vehicle No: _____
at Workshop m/s: Revol
of 274E
Insured: SMA 8052M
Policy No. _____
Claims No. 2023 32009301FR
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

Veh No: SNI-6898P Yr Regn: 09, 20
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or CAI
Make: Bmw 320i c.c. 1998
Colour: M.P. white A/C: Insured / Std / NI / NA
Sp. Reading: 44190 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: WBA5F32040FJ84879
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Mod: Nil / S/Rlm / STD A/Rlm or

(Policy Condition)
Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value: 8173k
IDAC Accident Report: _____ Consistent?: Yes or No
GIA / PR Seen: _____ Consistent?: Yes or No
Est. Repairs: 03 days Res.: Yes or No
Lum Sum: 1731 % 3 Val.: Yes or No

Tyre Size: F: _____ R: 225/45R18
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Hankook
Front: _____ Rear: _____
R/Bal. 7 mm R/Bal. 7 mm
L/Bal. 7 mm L/Bal. 7 mm
D.O.A. 1/6/23 D.O.I. 20/6/2023

CA / REV / REP. / 24 HRS

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

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

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

Date / Time	Action / Instruction
<u>21/6/23</u>	<u>PRS, no documents given</u> <u>Est repair cost 83-4k</u>

Date/Time, File Pass to? ☐ : Prell. Report
☐ : Final Report

Days Of Repair: 3
Resurvey No. of Trip: _____

Date/Time, File Return to?
21/6/23-typist

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech Invs (\$)
☐ : Weekend (\$)

Survey Fee: _____
Transportation: _____
S - RS - SI _____
Fees _____
Others _____
TOTAL _____

Report Format :
mp Sum / I.B.I: (\$)