

ASS. REC. BY: Touffik

REF: CS/MSB23007307/Typist

**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: SHC 2233X  
 Policy No. \_\_\_\_\_  
 Claims No. S3M04065  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S

Bal. or Market Value: \$68k  
 IDAC Accident Report \_\_\_\_\_ Consistent?: Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No  
 Est. Repairs: \_\_\_\_\_ days Res.: Yes or No  
 Lump Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SLC68109 Yr Regn: 1 / 2016  
 Type:  Car /  M.Cycle /  Bus /  Van /  Lorry /  Taxi /  Prime Mover /  
 Truck /  Trailer or \_\_\_\_\_

Make: BMW 318i c.c. 1499  
 Colour: white A/C:  Insured /  Std /  NI /  NA  
 Sp. Reading: 110060 T/Radio:  Insured /  Std /  NI /  NA  
 Eng/No: \_\_\_\_\_

C/No: WK78E36000 NT 89400  
 Gen. Cond:  Good /  Fair /  Poor /  Burnt

Steering:  Inorder /  Jammed /  Leaked /  Burnt or \_\_\_\_\_  
 Brake:  Inorder /  Jammed /  Leaked /  Burnt or \_\_\_\_\_

Modl:  Nil /  SRim /  STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 225/50R17  
 R: —

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU /  BR / SUMI /  
 TOYO / YOKO or \_\_\_\_\_

Front	Rear
R/Bal. <u>6</u> mm	R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>6</u> mm
D.O.A. <u>13/7/2023</u>	D.O.I. <u>19/7/23</u>

Survey held at: SG-27 Ampworks  
 Des. of Damages:  Fnt /  Rear /  O/S /  N/S /  U/G /  Rooftop or  
Fnt n/s

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

Date / Time	Action / Instruction
25/7/23	Repair Range \$5000 - \$6000, 6 days

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

Days Of Repair: 6  
 Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to?  
 2) 25/7/23-typist

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech. Insp (\$ \_\_\_\_\_)  
 : Weekend (\$ \_\_\_\_\_)

Survey Fee:	_____
Transportation:	_____
\$ + RS. SI	_____
Photos	_____
Others	_____
TOTAL	_____

Report Format: \_\_\_\_\_  
 Lump Sum / L.B.L. (?) \_\_\_\_\_