

ASS. REC. BY: Taught

REF: CS/MSB23 007307/Tup3

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: _____

Veh No: SLC68109 Yr Regn: 1
 Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: BMW c.c. _____
 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: NIU / SRim / STD A/Rim or _____
 Tyre Size: F: 225 / 50 R17
 R: ~ ~
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / BIR / SUMI /
 TOYO / YOKO or _____

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

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

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

Front Rear
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.I. 19/7/25
 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
	<u>Repair Range \$5000 - \$6000, 6 days</u>

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

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

Date/Time, File Return to? _____
 2) _____
 Report Format: _____
 Lump Sum / L.B.L. (?) _____

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

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