REF:

ASSIGNMENT

From: ____ Date: ____

Estimate Cost: ____

OD / TPPD / 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: ____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: ____

IDAC Accident Rport: ____ 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

Vehicle: IN / OUT

Date: ____ Person Contacted: ____

Veh No: SNG6516L Yr Regn: 2020 / Feb.

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

Make: Mercedes Benz GLA 180 c.c 1595

Colour: Black A/C: Insured / Std / NI / NA

Sp.Reading: 88532 T/Radio: Insured / Std / NI / NA

Eng/No: ____

C/No: WDC1569422J688432

Gen. Cond: Good (circled) / Fair / Poor / Burnt

Steering: Inorder (circled) / Jammed / Leaked / Burnt or ____

Brake: Inorder (circled) / Jammed / Leaked / Burnt or ____

Modi: Nil / S/Rim (circled) / STD A/Rim or ____

Tyre Size: F: 235/50R18

R: 235/50R18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC (circled) / 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.			D.O.I.	20/09/24	

Survey held at: Kany.

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

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

Date / Time	Action / Instruction
	TP Claim. COE Expiry: ✓
	Estimate given during 1st Survey: Yes (✓) No ( )
	MV : 108K
	PV : 42.7K
	Nett: 65.3K

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

1) ____

Date/Time, File Return to?

2) ____

Days Of Repair: ____

Resurvey No. of Trip: ____

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

Survey Fee:	
Transportation:	
___$ + R$___$)	
Photos	
Others	

Report Format: ____