Asst. Engr: REF:

ASSIGNMENT

From: Date:

Estimate Amount:

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

To Insp. Vehicle No:

at WOI Workshop/s

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Veh No: SMU3519L Yr Regn: 2018, NOV

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

Make: Mercedes Benz GLA200 c.c. 1595

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

Sp.Reading 80946 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDC1569432J573717

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: 235/50R18.

R: 235/50R18.

N/S	O/S

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

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

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:

Front		Rear	
R/Bal.	0b mm	R/Bal.	0b mm
L/Bal.	0b mm	L/Bal.	0b mm
D.O.A.		D.O.I.	17/09/24

Survey held at TSL

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

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

Date / Time	Action / Instruction
	TP MS/G.
	MV :
	PV :
	Nett :

COE Expiry :

Estimate given during : Yes ( )

1st Survey : No (✓)

GISJ.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Survey Fee:

Transportation: $ + RS. $

Photos

Others

Report Format :