REF:

ASSIGNMENT

From: Date:

Estim Cost:

OD / TPFT / TP RES / CD RES / EVA / INV / MV

To Inspect Vehicle No:

at WO Premises

of

Insured:

Policy No

Claims No

Sum Ins Ved: Excess:

(Client 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: SBL9863E Yr Regn: 1990, May

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

Make: Mercedes Benz 190 c.c 1977

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

Sp.Reading 528392 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDB2010232F667922

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: 205/45R16

R: 205/45R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / 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.	10/06/25

Survey held at Modern

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

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

Date / Time	Action / Instruction
	TP 111
	MV :
	PV :
	Nett :

COE Expiry : 28/02/2029.

Estimate given during 1st Survey : Yes ( ) No ( )

800G

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: S + R.S. SI

Photos

Others

Report Format :

Report Sent / Rpt ID :