

**ASSIGNMENT**

Front: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estin: \_\_\_\_\_  
 OD / TP RES / OD RES / EVA / INV / MV  
 To in \_\_\_\_\_ Vehicle No: \_\_\_\_\_  
 at \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No: \_\_\_\_\_  
 Claims No: \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client Record)  
 Make of Vehicle: \_\_\_\_\_  
 (Policy Condition)

Veh No: SBM35H Yr Regn: 2012 / Sept  
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Mercedes Benz E200 C.D. 1706  
 Colour: Brown A/C: Insured / Std / NI / NA  
 Sp. Reading: 106653 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: WDD2120482A 632480  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Mod: Nil / S/Rim / STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 225/45R18  
 R: 225/45R18

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

N/S	O/S

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

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

Front	Rear
R/Bal. <u>06</u> mm	R/Bal. <u>06</u> mm
L/Bal. <u>06</u> mm	L/Bal. <u>06</u> mm
D.O.A. _____	D.O.A. <u>09/09/24</u>

 Survey held at Modern  
 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
	<u>TP Liberty</u>
	COE Expiry: <u>29/02/2032</u>
	Estimate given during: Yes ( ) 1st Survey: No (✓)
	MV: <u>92K</u>
	PV: <u>60.1K</u>
	Nett: <u>31.9K</u>
	<u>184H.</u>

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: \_\_\_\_\_  
 : 3 + R6. \$1  
 Photos \_\_\_\_\_  
 Others \_\_\_\_\_

Report Format: \_\_\_\_\_