ASSIGNMENT

From: _____ Date: _____

Estin ≠ _____:

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

To in__ __hicle No: _____

at W__ __im/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Ens____ _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

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

Date: _____ Person Contacted: _____

Veh No: **SFWS9P**   Yr Regn: **2020, July.**

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

Make: **Mercedes Benz GLE 300** **1991**

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

Sp.Reading **103493**   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: **WDC2539842F742181**

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: **235/55R19.**
            R: **235/55R19.**

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

	N/S	O/S

Front		Rear	
R/Bal. **06** mm		R/Bal. **06** mm	
L/Bal. **06** mm		L/Bal. **06** mm	

D.O.A.   D.O.I. **23/09/24**

Survey held at **One Garage.**

Des. of Damages : Frt / Rear / O/S / N/S / UIC / Rooftop or
Front O/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP INC.

COE Expiry :

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

MV :

PV :

Nett :

659I

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

1) _____   ☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation:

3 + RS. ___ S/

Photos

Others

Report Format :

Repair Form / LPR /G