Asst: Exec: REF:

ASSIGNMENT

From: Date:

Estim Cost:

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

To Insd Vehicle No:

at Wksp/s

of

Insured:

Policy No

Claim's No

Sum Ensured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SNN9890Z Yr Regn: 2015, Feb.

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

Make: Mercedes Benz E200 c.c 1991

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

Sp.Reading 151435 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDD2120342B060063

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: 245/40R18

R: 245/40R18

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.	19/09/24

Survey held at One Garage

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

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

Date / Time	Action / Instruction
	TP Budget Direct.
	COE Expiry :
	Estimate given during : Yes ( )
	1st Survey : No (✓)
	MV : 36K
	PV : 28.2K
	Nett : 7.8K
	054W

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: 3 + R8 = $

Photos

Others

Report Format :