Asst. Supt: REF:

ASSIGNMENT

From: Date:

Estim. Cost:

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

To Inspect Vehicle No:

at W/Shop/Workshop/s

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Veh No: SNP9088M Yr Regn: 2021, Sept.

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

Make: Mercedes Benz CLA 180 Coupe C.C. 1332

Colour Grey. A/C: Insured / Std / NI / NA

Sp.Reading 42/188 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WIK1183842N245636

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/45R18

R: 225/45R18

	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 Report: 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. 06	mm	R/Bal. 06	mm
L/Bal. 06	mm	L/Bal. 06	mm
D.O.A.		D.O.I. 28/10/24.	

Survey held at Xin Yun

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 Liberty.
	MV : 152K
	PV : 59.6K
	Nett : 92.4K

COE Expiry :

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

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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: S + RS. SI

Photos

Others

Report Format :

Remarks / UPF (S)