ASS. BY: REF:

ASSIGNMENT

From: Date:

Estim. Cost:

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

To Inspect Vehicle No:

at WD Workshop/s

of

Insured:

Policy No.

Claims No.

Sum Ins Used: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Veh No: ES 6628R. Yr Regn: 2014 / Dec

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: 114498. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDD2120342B061858

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: 245/45R17

R: 245/45R17.

N/S	O/S

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

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:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Kapsen.

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	10/10/24

Survey held at Xin Hua.

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 A/G.
	MV : 32K
	PV : 24.1K
	Nett : 7.9K.

COE Expiry :

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

C40A.

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 + RS. SI

Photos

Others

Report Format :

Report Form A/B Form