

ASSIGNMENT

From: _____ Date: _____
 Estin: _____
 OD / TP RES / OD RES / EVA / INV / MV
 To in Vehicle No: _____
 at W/O _____
 of _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum INS _____ Excess: _____
 (Client's Record)
 Make of Val: _____

Veh No: SJD3383K Yr Regn: 2007 / Dec
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Mercedes Benz B200 2035
 Colour: Maroon A/C: Insured / Std / NI / NA
 Sp. Reading: 146026 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WDD2452332J220971
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modif: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 215/45R17
 R: 215/45R17

(Policy Condition)

N/S	O/S

Remark: Vehicle 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
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

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

Front _____ Rear _____
 R/Bal. 26 mm R/Bal. 26 mm
 L/Bal. 26 mm L/Bal. 26 mm
 D.O.A. _____ D.O.I. 14/10/24
 Survey held at Sin Heng Seng
 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 Lm Pac (PRS)</u> <u>COE Expiry: 31/10/2027</u>
	<u>Estimate given during: Yes ()</u>
	<u>1st Survey: No ()</u>
	<u>MV: 33K (Depreciation @ 11K x 3yr)</u>
	<u>PV: 15.4K (± 33K)</u>
	<u>Nett: 17.6K</u>
	<u>7782</u>

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

1) _____
 Date/Time, File Return to?

2) _____

Add Fee: _____

☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Inve (\$ _____)

Photos

Others

Report Format: _____

Report Form: _____