

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: XD7177Y

at Workshop m/s: map lion huff

of _____

Insured: SNB4160T

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: @ 62k

IDAC Accident Rport: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: 20% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS C512e

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: XD7177Y Yr Regn: 28/06/03

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

Truck / Trailer or Car

Make: mit FV51 c.c. 12882

Colour: blue / white A/C: Insured / Std / NI / NA

Sp. Reading: 804686 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FV51JJA10133

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: _____

R: 295/80R22.5

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Firenze

Front Rear

R/Bal. 6 mm R/Bal. 6/6 6/6 mm

L/Bal. 6 mm L/Bal. 6/6 6/6 mm

D.O.A. 27/10/24 D.O.I. 5/11/24

Survey held at _____

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

Rear

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

Date / Time Action / Instruction 00718

14/1/25 see with 31-03-2028 LTA # 27623
L/S # 2400 in hand schui check # 17180, 88%

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

1) 14/1/25 : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech. Invs (\$)

: Weekend (\$)

____ S + RS, ____ SI

Photos

Others

Report Format: MER-TP

Lump Sum / I.B.I.: (\$ 2400)

TOTAL