REF:

ASSIGNMENT

From: Date:
Estim. Cost:
OD / ... / TP RES / OD RES / EVA / INV / MV
To in... Vehicle No:
at W... ... n/s
of
Insured:
Policy No
Claims No
Sum Insured: 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: SNJ7647U Yr Regn: 2020, Dec
Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Make: Mercedes Benz A200 c.c 1332
Colour: White A/C: Insured / Std / NI / NA
Sp.Reading: 57793. T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: WIK1778872J158790
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: 235/35R19.
R: 235/35R19.
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / (PIR) / SUMI / TOYO / YOKO or

Front
R/Bal. 06 mm
L/Bal. 06 mm
D.O.A.

Rear
R/Bal. 06 mm
L/Bal. 06 mm
D.O.I. 18/11/24

Survey held at: One George
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
	TPINC — COE Expiry:
	Estimate given during 1st Survey: Yes ( ) No (✓)
	MV:
	PV:
	Nett:
	944A

Date/Time, File Pass to? [ ] : Preli. Report [ ] : Final Report
1)
Date/Time, File Return to?
2)
Report Format:

Days Of Repair:
Resurvey No. of Trip:
Survey Fee:
Transportation:
...S + R$...St
Photos
Others

Add Fee: [ ] : Site Insp ($)
[ ] : Interview ($)
[ ] : Tech. Inve ($)