REF:

ASSIGNMENT

From: ______ Date: ______

Estim / Cost: ______

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

To inspect vehicle No: ______

at Workshop m/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: SKV4553Z Yr Regn: 2019 / Sept.

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

Make: Mercedes.Benz GLA180 c.c 1595

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

Sp.Reading 91109. T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: WDC1569422J653844

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: 255/35R20

R: 255/35R20

BS / DUN / EXNOVA / GY / FS / LIZA / (MIC) / OHTSU / PIR / SUMI / TOYO / YOKO or ______

	Front		Rear
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	23/12/24.

Survey held at NSI

Des. of Damages : Frt / Rear / O/S / (N/S) / U/C / Rooftop or ~~NSI~~

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

Date / Time	Action / Instruction
	78 111
	COE Expiry :
	Estimate given during : Yes ( )
	1st Survey : No ( )
	MV :
	PV :
	Nett :

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

1) ______ [ ] : Final Report

Date/Time, File Return to?

2) ______

Report Format : ______

Days Of Repair: ______

Resurvey No. of Trip: ______

Survey Fee:

Transportation:

___$ + RS. ___$I

Photos

Others

Add Fee: [ ] : Site Insp ($ ______)

[ ] : Interview ($ ______)

[ ] : Tech. Inve ($ ______)