REF:

ASSIGNMENT

From: Date:

Estim: Most:

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

To in: Vehicle No:

at W: Km/s

of

Insured:

Policy No

Claim's No

Sum Insured: Excess:

(Client Record)

Make of Veh:

(Policy Condition)

Veh No: SJL9688A Yr Regn: 2018 March.

Type: M.Car / M.Cycle / Bus / Van / Lorr / Taxi / Prime Mover / Truck / Trailer or

Make: Mercedes Benz C180 C.C 1595

Colour Black A/C: Insured / Std / Nil / N.A

Sp.Reading 61372 T/Radio: Insured / Std / Nil / N.A

Eng/No:

C/No: WDD2050422R354100

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/50R17

R: 225/50R17

	N/S	O/S

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

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

Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repair days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	27/12/24

Survey held at Posh Automerkez

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
	TP INC (PRS)
	MV :
	PV :
	Nett :

COE Expiry :

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

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

1) ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Survey Fee:

Transportation: 8 + R8 SI

Photos

Others

Report Format :