Signature: Rasu | REF: FWD | 27040

ASSIGNMENT

From: | Date: 19.12.2017

Estimated Cost:

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

To Inspect Vehicle No: SJZ 9009 L

at Workshop m/s: Cycle & Carriage

of: 188 Pandan Loop

Insured:

Policy No.:

Claims No.:

Sum Insured: | Excess:

(Client's Record)

Make of Veh: Vinant

Morning

(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: SJZ9009L | Yr Regn: 2017 MAR

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

Make: MERCEDES BENZ A200 | c.c: 1595

Colour: WHITE | A/C: Insured / Std / NI / NA

Sp.Reading: 5491 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDD 176043 2J510399

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: 225/45 R17

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	05/12/17	D.O.I.	19/12/17

Survey held at: C&C (PL)

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

O/S REAR

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

Date / Time	Action / Instruction

Date/Time. File Pass to?

1)

Date/Time. File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ Site Insp ($) ___$ - R$ ___$)

☐ Interview ($) Photos

☐ Tech Invs ($) Others

☐ Weekend ($)

Report Format :

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

TOTAL