Surveyor: Tanjilin | REF: Alg.

ASSIGNMENT

From: | Date: 27/12/17

Estimated Cost:

OD / TP / WS / 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)

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

N/S	O/S

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: SJT 9197Z | Yr Regn: 2017 Nov

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

Make: Mercedes Benz CLA180 Coupe | c.c 1595

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

Sp.Reading: 921 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDD 1173422N575979

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: 225/40R18

R: 〃

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.		D.O.I.	27/12/17.

Survey held at Accord Auto BM

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Frt o/s, u/c.

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: ___$ ~RS ___SI

Photos

Others

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

TOTAL

Report Format :

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