

Signature: *Tanfer*

REF: ASM(LAXA)

284(712)

Orx

ASSIGNMENT

From: _____ Date: **16-01-2019**
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: **SLX 2285**
at Workshop m/s: **Cycle & Carriage**
of: **188 Pandan Loop**
Insured: _____
Policy No: _____
Claims No: _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: **Yik.**

☒	
N/S	O/S
☐	

(Policy Condition)

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

Bal. or Market Value: **\$185K**
IDAC Accident Rpt: _____ 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

Date:

Person Contacted:

Vehicle: IN / OUT

yik

Veh No: **SLX 2285** Yr Regn: **2018 Feb**
Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: **Mercedes Benz E200** C.C. **1991**
Colour: **Silver** A/C: Insured / Std / NI / NA
Sp. Reading: **27427** T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: **WDD 213 042 24 339 050**
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: **245/45R18**
R: _____

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

Front

Rear

R/Bal.

6 mm

R/Bal.

4 mm

L/Bal.

6 mm

L/Bal.

6 mm

D.O.A.

D.O.I.

16/1/19

Survey held at

CRC Pandan Loop

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

Frt / O/S

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐
☐

: Preli. Report

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

1)

2)

Add Fee: ☐ Site Insp (\$

☐ Interview (\$

☐ Tech. Invs (\$

☐ Weekend (\$

Report Format :

Lump Sum / I.B.I. (\$

) \$ + RS. SI

) Photos

) Others

TOTAL