Amanda Steve | REF: R

ASSIGNMENT

From | Date:

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 SMG 4337L Yr Regn. 5/10/99

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

Make: Mercedes Benz C180K cc 1597.

Colour Silver A/C Insured / Std / NI / NA

Sp.Reading 174786 T/Radio Insured / Std / NI / NA

Eng/No:

C/No: WDD 2040452A 317559

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: 205/55R16

R: "

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	30/3/19	D.O.I.	2/4/19

Survey held at Xinya

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

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

Date / Time | Action / Instruction

MV - 24,099
PV - 19,282
NV - 4,718

Date/Time. File Pass to?
1)

Date/Time. File Return to?
2)

☐ : Prell. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee: ☐ : Site Insp ($) $ x RS $
☐ : Interview ($) Photos
☐ : Tech Invs ($) Other
☐ : Weekend ($)

TOTAL

Report Format :

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