

5/30/2019

Merimen e-Claims

Adrian

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

o Inspect Vehicle No: _____

t Workshop m/s _____

f _____

Insured _____

Policy No. _____

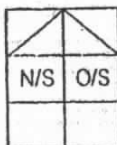
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IAC 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLU2419K Yr Regn: 2017 1 NOVType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Vezel - Hybrid c.c. 1496Colour: Blue Silver A/C: Insured / Std / Nil / NASp. Reading: 139786 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: R431226854Gen. Cond: Good / Fair / Poor / BurntSteering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/60 R16R: 215/60 R16BS: DAI / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 30/05/19Survey held at: N51Des. 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 III

mv:

pv:

Nett:

Date/Time, File Pass to?

Date/Time, File Return to?

Part Prices Check:

IN

OUT

Survey Fee:

Date:

Basic & Add.

S + RS, SI

Photos

Others

TOTAL

Prel. Report:

Final Report: