ASS. REC. BY: Rasul | REF: EGI 14 2311R1D 8384
COE XPRY: 2026 July

ASSIGNMENT

From: Date:
Estimated Cost:
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SLE 7806 C
at Workshop m/s CYCLE 8 CARRIAGE
of 188 PANDAN LOOP
Insured: EGI
Policy No.
Claims No.
Sum Insured: Excess:
(Client's Record)
Make of Veh:

(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: SLE 7806 C Yr Regn: 2016 / Aug
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Make: MERCEDES BENZ C180 AV c.c 1595
Colour GREY A/C: Insured / Std / NI / NA
Sp.Reading 61443 T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: WDD 2050402R172303
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: 225/50R17
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.	08/08/19		D.O.I.	04/09/19	

Survey held at CYCLE
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
O/S FRT
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to? ☐ : Preli. Report
1) ☐ : Final Report
Date/Time, File Return to?
2)
Report Format:
Lump Sum / I.B.I ($)

Days Of Repair:
Resurvey No. of Trip:
Add Fee: ☐ : Site Insp ($)
☐ : Interview ($)
☐ : Tech. Invs ($)
☐ : Weekend ($)

Survey Fee:	
Transportation:	
__S + RS.__SI	
Photos	
Others	
TOTAL	