

ASS. REC. BY: Stere REF: CS/MSG20009131/Ey f3

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
QD / TP / WS / TP RES / QD 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.
Bal. or Market Value: _____
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

N/S	O/S

Veh No: SLV 3187S Yr Regn: 28/12/17
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Traller or
Make: Hyundai Elantra c.c. 1591
Colour: Black A/C: Insured / Std / NI / NA
Sp. Reading: 62849 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: KMHO 841 CMJ4592399
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modl: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 215/45ZR17
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____
Front _____ Rear _____
R/Bal. 4 mm R/Bal. 4 mm
L/Bal. 4 mm L/Bal. 4 mm
D.O.A. 27/8/20 D.O.I. 31/8/20
Survey held at Win Automotive
Des. 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
	<u>MV-60K</u>

Date/Time, File Pass to? ☐ : Prel. Report
1) ☐ : Final Report
Date/Time, File Return to?
2) _____
Rep. Form: _____
Lump Sum / L.B. / C: _____

Days Of Repair: _____
Resurvey No. of Trip: _____
Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)
Survey Fee: _____
Transportation: _____
S + RS: _____
Photos: _____
Others: _____
TOTAL: _____