

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD TP WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s: TRANS-CAB
 of _____
 Insured: _____
 Policy No: _____
 Claims No: CDMPG20001368
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SHD 296Y Yr Regn: 04 Mar/2016
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi Prime Mover /
 Truck / Trailer or _____
 Make: RENAULT LATITUDE 2.0L c.c 1995
 Colour: Red A/C: Insured / Std / NI / NA
 Sp.Reading: 464010 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: VF1ABL15AUC282305 *
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 215/60R16
 R: 215/60R16

N/S	O/S

(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: 3 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

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

<u>Front</u>	<u>Rear</u>
R/Bal. <u>5</u> mm	R/Bal. <u>5</u> mm
L/Bal. <u>5</u> mm	L/Bal. <u>5</u> mm
D.O.A. _____	D.O.I. <u>29-09-2020</u>

 Survey held at W/S 1pm
 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
30/09/20@11.59am	revised to ERGO via Merimen.
20/10/20@3pm	confirmed with Wai Yin LS \$1600, 3 days (Red \$6291.67, 79%)

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) 20/10 Typist
 Date/Time, File Return to? _____

Days Of Repair: 3
 Resurvey No. of Trip: 1

Survey Fee:	
Transportation:	
3 + RS. SI	
Photos	
Other:	
TOTAL	

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : W/weekend (\$ _____)

Report Filed: MER-TP
 Lump Sum / Ref: 1600