ASS. REC. BY: Steve | REF: CS3/ASM2009/1319/ESF3

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

SIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Sum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SK0 4573K Yr Regn: 1/12/11

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

Make: Mercedes Benz C180 c.c 1597

Colour Silver A/C: Insured / Std / Nil /

Sp.Reading 147994 T/Radio: Insured / Std / Nil /

Eng/No:

C/No: WDD2040452A629786

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/50R16

R:

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 r
L/Bal.	5 mm	L/Bal.	5 r
D.O.A.	17/10/20	D.O.I.	20/10/20

Survey held at 9.20am

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

The U/C / Chassis frame / Body Structure affected due to collisi

Date / Time	Action / Instruction
	MV - 30K Repair time 7K - 8K : 5 days

Date/Time, File Pass to? 21/10/2020 TYPIST

Date/Time, File Return to?

☐ : Prell. Report

☑ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: -

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Invs ($) ☐ : Weekend ($)

Survey Fee:

Transportation: S + RS SI

Photos

Others

TOTAL

Report Format : PRS

Lump Sum / I.E.I. : ( )