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

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: SMFS577J **Yr Regn:** 2017, May.

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

Make: Porsche Panamera c.c 2995

Colour: White **A/C:** Insured / Std / NI / NA

Sp.Reading: ~~3~~~~3~~ 38160 **T/Radio:** Insured / Std / NI / NA

Eng/No: _____

C/No: WP022297ZHL101479

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: 315/30R21

R: 315/30R21

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	03/11/20

Survey held at NS1

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
	TP ECHS.
14/1/2022	Adrian said submit PRS first, until now workshop still have not provide estimate. Submit repair range $28K - $33K ; 8 days
	MV :
	PV :
	Nett :

Date/Time, File Pass to: [ ] : Preli. Report **Days Of Repair:** 8

[ ] : Final Report **Resurvey No. of Trip:** ___

Date/Time, File Return to:

Add Fee:		
[ ] Site Insp ($)		Survey Fee:
[ ] Interview ($)		Transportation:
[ ] Tech. Inv. ($)		Photo:
[ ] Wash out ($)		Other:

Report Format: