ASS. REC. BY: Steve | REF: CS3/AIG20011996/ESd3

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

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: XD 4475G Yr Regn: 11/1/2011

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

Make: Scania P380 c.c 11,705

Colour Multi-Colour A/C: Insured / Std / NI / N

Sp.Reading 493818 T/Radio: Insured / Std / NI / N

Eng/No:

C/No: XLEP4X20005237724

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: "

R: 315/80R22.5

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5
L/Bal.	5 mm	L/Bal.	5
D.O.A.	28/10/20	D.O.I.	23/11/20

Survey held at

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

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

Date / Time	Action / Instruction
	MV-7SK

Date/Time, File Pass to? 14/12/2020 TYPIST

Date/Time, File Return to?

☐ : Prell. Report

☑ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation: S + RS S

Photos

Others

TOTAL

Pop-up Forms : PRS

Lump Sum / E.B.I: ( )