

bd.
PRS

A/G

ASSIGNMENT

(2009)
16 Jan 2009

Estimated Cost: _____
 Inspect Vehicle No.: _____
 Workshop m/s: Elite Performance
 Insured: _____
 Policy No: _____
 Claims No: _____
 Insured Excess: _____
 (Client's Record)
 Make of Veh: _____
 (Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Actual or Market Value: \$600k
 JAC: Accident Report Consistent? Yes or No
 SIA / PR Seen: Consistent? Yes or No
 Last Repairs: days Res: Yes or No
 Claim Sum: % 3 Val: Yes or No
 JAC / REV / REP. / 24 HRS
 Date Person Contacted Vehicle: IN / OUT

Ⓞ	
N/S	O/S

SMF 6649 D
 Type: Car / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Merce C200 CC: 1796
 Colour: Black A/C: Insured / Std / NI / NA
 Sp Reading: 197913 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WDD 2040412 A 258168
 Gen Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD / Rim or
 Tyre Size: F: 225/45R17
 R: 11
 BS / PDUH / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front Rear
 R/Bal: 6 mm R/Bal: 6 mm
 L/Bal: 6 mm L/Bal: 6 mm
 D.O.A: _____ D.O.I: 25-01-21
 Survey held at: w/s
 Des. of Damages: Fr / Rear / O/S / N/S / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>CE: 29263</u> <u>No Body injured.</u>

Date/Time File Pass to? Preli. Report
 Final Report
 Days Of Repair: _____
 Resurvey No. of Trip: _____
 Date/Time File Return to? _____
 Add'l Fee: Site Insp: (\$ _____)
 Interview: (\$ _____)

 Survey Fee: _____
 Transportation: _____

