

ASS. REC. BY:

Steve

REF:

CS3/ASM 200 11319 / E+3-1

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. _____

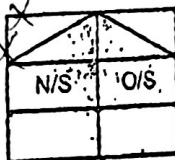
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

SIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Cum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No:

SKO 4573 K

Yr Regn:

11/12/11

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

Truck / Trailer or

Make:

Mercedes Benz - C 180

c.c. 1597

Colour:

Silver

A/C: Insured / Std / N / N

Sp. Reading

155/104

T/Radio: Insured / Std / N / N

Eng/No:

WM 2049452 A 699 786

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 225/45 ZR 17

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

16/10/20

Survey held at

Precise Auto

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

Frt LH

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

Date / Time Action / Instruction

Reinspection

Date/Time, File, Pass to?

☐

Prell. Report

☐

Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Inve (%)

☐

Weekend (%)

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

Date/Time, File Return to?

Date/Time, File Return to?