(08/11/13) wef

ASS. REC. BY: Marcus

REF: CC4/ASM2100435I/Upq3

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SMM 6599C

at Workshop m/s ff

of

Insured: XE 48654

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: @ 160k.

IDAC Accident Rport: Consistent? : **Yes** or **No**

GIA / PR Seen: Consistent? : **Yes** or **No**

Est. Repairs: 12 days Res.: **Yes** or **No**

Lum Sum: 20 % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS

Date: Person Contacted: vehicle: **IN / OUT**

4970

Veh No: SMM 6599C Yr Regn: 29/3/17

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

Make: Mer Benz E300 AUG c.c 1991

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

Sp.Reading 78618 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: WDD 2130482A1 045104

Gen. Cond: **Good / Fair / Poor / Burnt**

Steering: **Inorder / Jammed / Leaked / Burnt** or offset

Brake: **Inorder / Jammed / Leaked / Burnt** or

Modi : **Nil / S/Rim / STD A/Rim** or

Tyre Size: F:

R: 245/45ZR18

BS / DUN / 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.	5/4/21	D.O.I.	6/4/21

Survey held at

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

O/S Rear + O/S Body

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

Date / Time	Action / Instruction
	Dep NK.
	LYA @ 86675
	have Video at folder
11/5/21	L/S @ 27,000 confirmed with Alan

Date/Time, File **Pass** to?

1)

Date/Time, File **Return** to?

2)

☐ : **Preli. Report**

☐ : **Final Report**

Days Of Repair:

Resurvey No. of Trip:

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

Report Format :

Lump Sum / I.B.I: ($)

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	
TOTAL	