

ASS. FOR BY:

Tajmir

REF.

CEB/ALG21005074/T,gs3.

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 Rpt:

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

WP

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKU 4924S

Yr Regn:

2015

July

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

Truck / Trailer or

Make:

Mercedes Benz C180

C.C.

1595

Colour:

Black

A/C:

Insured / Std / NI / NA

Sp. Reading

25689

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WDD2050402R069143

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: 225/50 R17

R:

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

23/4/2015 Spr

Survey held at

910 Jones Way

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

Date/Time, File Pass to?



Prel. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS \$

Photos

Other:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Insp (\$

Project Estimate: