ASS. REQ. BY: Steve CC4 / LPC 21011011 / 953

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

Rel. or Market Value:
IDAC Accident Report Consistent? : Yes or No
SIA / PR Seen: Consistent? : Yes or No
Est. Repairs: days Res.: Yes or No
Lum Sum: % 3 Vol.: Yes or No
CA / REV / REP. / 24 HRS
Vehicle: IN / OUT
Date: Person Contacted:

Veh No: SMH 3244 Yr Regn: 9/1/19
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Make: Mitsubishi Eclipse c.c. 1499
Colour: Red A/C: Insured / Std / Nil / N
Sp. Reading: 71475 T/Radio: Insured / Std / Nil / N
Eng/No:
C/No: JMXTGK1W12004744
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Locked / Burnt or
Brake: In order / Jammed / Locked / Burnt or
Mod: Nil / S/Rim / STD A/Rim or
Tyre Size: Ft 225/55R18
Rr "
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front: R/Bal. 5 mm, U/Bal. 5 mm
Rear: R/Bal. 5 mm, U/Bal. 5 mm
D.O.A. 26/12/21 D.O.I. 28/12/21
Survey held at: Cycle & Carriage
Des. of Damages: Fr. / Rear / O/S / N/S / U/C / Rooftop or
Rear RH
The U/C / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	MV - 90K

Date/Time, File Recd. : [ ] Prelim. Report
[ ] Final Report
Date/Time, File Returned:

Days Of Repair:
Resurvey No. of Trips:

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

Survey Fee:
Transportation:
S + RS, S
Photo
Others
TOTAL

Lump Sum / I.P. / Fee: