

ASS. REC. BY:

REF:

CS3/CT122001929/Rvy3

ASSIGNMENT

Front:

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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMC 1380B

Yr Regn:

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

Truck / Trailer or

Make:

MERCEDES BENZ

C.C.

Colour

GREY

A/C: Insured / Std / NI / NA

Sp. Reading

57858

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WDC15694223478-929

Gen. Cond: Good / ☒ Fair / Poor / BurntSteering: In order / ☒ Jammed / Leaked / Burnt orBrake: In order / ☒ Jammed / Leaked / Burnt or

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

Tyre Size:

F:

245/40R20

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

27/02/22

D.O.I.

01/03/21

Survey held at

JS SPRAYWORKZ

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

FRT N/S

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format:

Lump Sum / I.B.B. (\$