

REC BY: Thuan | China

ASSIGNMENT

From

Date:

Estimated Cost:

QD / TP / WS / TP RES / QD 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
X	

Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: % J Val: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

S4D 6653K

Yr Regn: 23/3/16

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

Truck / Trailer or

Make:

Mercedes Benz E 220 c.c. 1950

Colour:

White

NC: Insured / Std / HI / HA

Sp. Reading:

645610

T/Radio: Insured / Std / HI / HA

Eng/No:

C/No:

WDP212 0012 B138 536

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

205/65R16

R:

205/65R16

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

10/2/22

D.O.I.

10/2/22 1645

Survey held at

CDGE

Des. of Damages: Frl / Rear / O/S / N/S / UIC / Roof/Top or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prelim. Report

1)

☐ : Final Report

Date/Time, File Return to?

3

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Fines

Others

Total

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Insp (\$☐ : Wheel end

Request Form:

Form 3144 / 1.B.1: