

ASS. REC. BY:

REF:

Asm/ 22003349 1kg

C

Kenneth

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:

1-B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SND 4488M

Yr Regn: 01.22

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

Truck / Trailer or

Make:

Mer CLA180

c.c 1332

Colour

M.L. Brown

A/C: Insured / Std / NI / NA

Sp. Reading

2585

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WIK 1183842N 271224

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:

R:

225/45R18

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

TOYO / YOKO or

Hankook

Front

Rear

R/Bal.

9 mm

R/Bal.

9 mm

L/Bal.

9 mm

L/Bal.

9 mm

D.O.A.

29/3/22

D.O.I.

12/4/2022

Survey held at

10.18am

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

N/S 181

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

Date / Time

Action / Instruction

1915 @ 3574.70

Carbure

Date/Time, File Pass to?

: Prell. Report

1)

Date/Time, File Return to?

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

: Site Insp (\$

: Interview (\$

Tech Invs (\$

Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Fines

Others

TOTAL

Report Format :

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