(08/11/13)

ASS. REC. BY:

REF: CC6/CTI22003436/Dpa3

ASSIGNMENT

COE Aug 2027

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

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 14 ~~10~~ days Res.: Yes or No

Lum Sum: P/P ~~20~~ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHD 8827M Yr Regn: Aug / 2019

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Mercedes Benz V220D c.c 2143

Colour White A/C: Insured / Std / NI / NA

Sp.Reading 216300 T/Radio: Insured / Std / NI / NA

Eng/No: 65195035108971

C/No: WDF4477813 23610806

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : NII / S/Rim / STD A/Rim or _____

Tyre Size: F: 205/65 R16

R: —"—

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Max miller

Front		Rear	
R/Bal.	8 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	12/04/2022	D.O.I.	14/04/2022

Survey held at Bifrost Sin Ming

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

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

Date / Time	Action / Instruction
	Chine Eiping YP9674R
31/10/2022	Jmen T/P 38918.81 wit 14 days 2 ing

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

Lump Sum / I.B.I: ($ _____)

Survey Fee:	
Transportation:	
S + RS S1	
Photos	
Others	
TOTAL	