

Ass. Rec. By:

REP:

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 4 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: SLG 9215J Yr Regn: 2016, Oct.

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

Truck / Trailer or

Make: Mercedes Benz C180 Coupe C.C. 1595

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

Sp. Reading: 92391 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD2053402F346668

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Order / Jammed / Leaked / Burnt or

Brake: Order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 245/40 R18

R: 245/40 R18

BS / DUN / EXNOVA / GY / FS / LIZ/A / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 10/05/22

Survey held at N51

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

Front n/s.

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

Date / Time

Action / Instruction

TP SMRT.

LS \$4200, 4 days. (Red \$5951.70, 59%)

MV:

PV:

Nett:

400J.

Date/Time, File Pass to?

☐ : Preli. Report

1) 26/08 Typist

☐ : Final Report

Date/Time, File Return to?

Days Of Repair: 4

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

\$ + RS. \$1

Photos

Others

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

Report Format: TP

Limit 2000 / 1000