

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. DMCVSNW00011972201
 Claims No. SNM22D203833/C02
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: PC 3852H Yr Regn: 7/9/15
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Mercedes-Benz VIANO c.c. 2103
 Colour: BLACK A/C: Insured / Std / NI / NA
 Sp. Reading: 391991 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WDF63981523889072
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 195/60R15
 R: 11

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
<u>X</u>	<u>X</u>

Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 8 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____
 Front R/Bal. 5 mm L/Bal. 5 mm
 Rear R/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 31/5/19 D.O.I. 10/6/22
 Survey held at WIN AUTOMOTIVE
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or _____
 The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time	Action/Instruction
	<u>MV-55K</u> <u>Waiting estimate</u>
<u>07/09/22</u>	<u>Steve finalise lump sum: \$9700 and 8 days (red, 15864, 62%)</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) 08/09/22
 Date/Time, File Return to?
 2) _____
 Report Format: _____
 Lump Sum / I.B.A. (\$) 9700

Days Of Repair: 8
 Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee:	_____
Transportation:	_____
S + RS. SI	_____
Photos	_____
Others	_____
TOTAL	_____