ASSIGNMENT

From: _____ Date: _____	Veh No: **SK1474917** Yr Regn: **2008, May**
Estimated Cost: _____	Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: _____	Make: **Mercedes Benz C180K** c.c **1796**
at Workshop m/s _____	Colour **Blue.** A/C: Insured / Std / NI / NA
of _____	Sp.Reading **168368** T/Radio: Insured / Std / NI / NA
Insured _____	Eng/No:
Policy No. _____	C/No: **WDD2040462A136084.**
Claims No. _____	Gen. Cond: (Good) / Fair / Poor / Burnt
Sum Insured: _____ Excess: _____	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh: _____	Modi: Nil / S/(Rim) / STD A/Rim or
	Tyre Size: F: **225/50R17.**
(Policy Condition)	R: **225/50R17.**

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or **Continental.**

Bal. or Market Value: _____	**Front**		**Rear**	
IDAC Accident Rport: ____ Consistent? : Yes or No	R/Bal. **06** mm		R/Bal. **06** mm	
GIA / PR Seen: _____ Consistent? : Yes or No	L/Bal. **06** mm		L/Bal. **06** mm	
Est. Repairs: ____ days Res.: Yes or No	D.O.A.		D.O.I. **15/08/22**	
Lum Sum: ____ % 3 Val.: Yes or No	Survey held at **SM.**			

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

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

Date / Time	Action / Instruction
	TP AIG. **COE Expiry: 27/05/23.**
	MV : 12K
	PV : 3.1K
	Nett : 8.9K

Date/Time, File Pass to? ☐ : Preli. Report   Days Of Repair: _____

1) _____ ☐ : Final Report   Resurvey No. of Trip: _____   Survey Fee:

Date/Time, File Return to?

2) _____

Add Fee: ☐ : Site Insp ($ ____)   Transportation:

☐ : Interview ($ ____)   Photos

Report Format: ☐ : Tech. Invs ($ ____)   Other.