

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
☒ 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: NIL
(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 Report: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 3 days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

N/S	O/S

Veh No: SML 373G Yr Regn: 8/01/17
Type: ☒ M. Car / ☐ M. Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /
☐ Truck / ☐ Trailer or
Make: Mercedes-Benz C180 c.c. 1595
Colour: Silver A/C: ☐ Insured / ☐ Std / ☐ NI / ☐ NA
Sp. Reading: 99693 T/Radio: ☐ Insured / ☐ Std / ☐ NI / ☐ NA
Eng/No: _____
C/No: WDD2050402R255481
Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt
Steering: ☐ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or
Brake: ☐ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or
Modl: ☐ Nil / ☐ S/Rim / ☐ STD A/Rim or
Tyre Size: F: 225/50R17 R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / ☒ MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____
Front
R/Bal. 4 mm R/Bal. 4 mm
L/Bal. 4 mm L/Bal. 4 mm
D.O.A. 26/8/22 Cycle D.O.I. 30/8/22
Survey held at _____
Des. of Damages: ☐ Fnt / ☐ Rear / ☐ O/S / ☐ N/S / ☐ U/C / ☐ Rooftop or
Front LH
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>11/10</u>	<u>MR-115K</u> <u>Steve finalised final sig 85703.48; 3 days with Alan Quick. (Ref. 343957, 372)</u>

Date/Time, File Pass to? ☐ : Prel. Report
1) ☒ : Final Report
Date/Time, File Return to? _____

2) _____
Report Format: OD
Lump Sum / ☒ : 5703.48

Days Of Repair: 3
Resurvey No. of Trip: _____

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

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