ASS. REC. BY: Steve | CS/SMK22011248/Evys

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: SHB 366P

Policy No. ______

Claims No. TAX/10/22/2086

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: ______ days Res.: Yes or No

Lum Sum: ______ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS Vehicle: IN / OUT

Date: ______ Person Contacted: ______

Veh No: SNF1019T Yr Regn: 29/4/22

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

Make: Mercedes Benz C180 c.c 1496

Colour: Blue A/C: Insured / Std / Nil / NA

Sp.Reading 8241 T/Radio: Insured / Std / Nil / NA

Eng/No: ______

C/No: W1K2060412R0323159

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: (In order) / Jammed / Leaked / Burnt or ______

Brake: (In order) / Jammed / Leaked / Burnt or ______

Modi: Nil / (S/Rim) / STD A/Rim or ______

Tyre Size: F: 225/50R21

R: ''

BS / (DUN) / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or ______

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
L/Bal.	4 mm	L/Bal.	4 mm
D.O.A.	27/10/22	D.O.I.	14/11/22

Survey held at Cycle

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

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

Date / Time	Action / Instruction
	MV-730K
10/1/23	Final fig $2489.53 ~~confirmed by email~~ (red ~~3172.86, 56%~~)

Days Of Repair: 3

Resurvey No. of Trip: 1

Date/Time, File Pass to? [ ] : Preli. Report

1) [ ] : Final Report

Date/Time, File Return to?

2) 10/1/23-typist

Report Format: TP

Lump Sum / I.B.F. ($ $2489.53)

Add Fee: [ ] : Site Insp ($ ______)

[ ] : Interview ($ ______)

[ ] : Tech. Invs ($ ______)

[ ] : Weekend ($ ______)

Survey Fee: ______

Transportation: __S + RS.__S) ______

Photos ______

Others ______

TOTAL ______