

ASSIGNMENT

8/8/2019

From: _____ Date: _____

Veh No: E93 E Yr Regn: 1

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 CLS 450 c.c. 2999

at Workshop m/s _____

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

of _____

Sp. Reading: 25764 T/Radio: Insured / Std / NI / NA

Insured: _____

Eng/No: _____

Policy No. _____

C/No: WDD 25735 92A * 012819

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: _____

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

(Policy Condition)

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

N/S	O/S

Tyre Size: F: 245 / 35 R20 ✓

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Bal. or Market Value: _____

Front _____ Rear _____

IDAC Accident Report: _____ Consistent? : Yes or No

R/Bal. 6 mm

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

L/Bal. 6 mm

Est. Repairs: 7 days Res.: Yes or No

D.O.A. _____ D.O.I. _____

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

Survey held at _____

CA / REV / REP. / 24 HRS

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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

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

Date / Time	Action / Instruction
	<u>12-15K.</u>
<u>2/2/23</u>	<u>submit PRS / repair range \$12K - \$15K and 7 days</u>

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

Days Of Repair: 7

1) : Final Report

Resurvey No. of Trip: 2

Date/Time, File Return to?

Survey Fee:	
Transportation:	
S+RS St	
Photos	
Others	
TOTAL	

2) _____

Add Fee: Site Insp (\$ _____)

Interview (\$ _____)

Tech. Invs (\$ _____)

Weekend (\$ _____)

Report Format : PRS

Lump Sum / I.B.I: (\$ _____)