

ASS. REC. BY:

REF:

CS/HLA22011953/Amv3

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. _____

Claims No. _____

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 5 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SNC8794H Yr Regn: 2021, NovType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz CLA 180 c.c. 1332Colour: White A/C: Insured / Std / NI / NASp. Reading: 15063 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WIK1183842N166/01Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/45R18R: 225/45R18

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 29/11/22Survey held at TL PerfectDes. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop orFront N/S

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

Date / Time Action / Instruction

TP HL

21/03/2023 Finalise L/S \$7,500.00 @ 05 days (Red \$10,611.50/59%)

MV:

PV:

Nett:

Date/Time, File Pass to?

21/03/2023

1) typist

Date/Time, File Return to?

2)



Preli. Report



Final Report

Days Of Repair: 5

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Insp (\$

S + RS, SI

Photos

Others

Report Format:

TP

L/S \$7,500