

REC BY: T. J. M.

REF: CS3/LPC 23 000692/Ty 3

ASSIGNMENT

From: _____ Date: _____

Estimated cost _____

OD / TP / VS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop this _____

of _____

Insured: XD 7262J

Policy No. _____

Claims No. 22/23/23/VC05/026859

Sum Insured: _____ Excess: _____

(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: _____ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

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

Veh No: SMG 80807 Yr Regn: / 2013

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Mercedes Benz C.C. 1991

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

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

Eng/No: _____

C/No: WDD2120342A859387

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / SRim / STD A/Rim or

Tyre Size: F: 245 / 40 R18

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / DHTSU / PIR / SUMI / TOYO / YOKO, PT

Westlake

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 17/1/2023

Rear

R/Bal. 6 mm

L/Bal. 6 mm

D.O.I. 20/1/23 2:30pm

Survey held at Goodfellow

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

NO 61A

31/1/23 Submit PRS

Date/Time, File Pass to?

: Prel. Report

: Final Report

Date/Time, File Return to?

2) 31/1/23-typist

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: Site Insp (\$)

Interview (\$)

Tech Insp (\$)

Weekend (\$)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

Report Format:

Lump Sum / L.B.H. (%)