

REC BY: T. J. M.

REF: CS3/LPC 23 000692/Tuy 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: _____
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

Veh No: SMG 8080A Yr Regn: 1
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Mercedes Benz C.C.
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
Mod: Nil / SRim / STD A/Rim or
Tyre Size: F: 245/40R18 R: _____

(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.



BS / DUN / EXNOVA / GY / FS / LIZA / MIC / DHTSU / PIR / SUMI /
TOYO / YDKO, PT Westlake
Front Rear
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. _____ D.O.I. 20/1/23 21:20pm

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

Survey held at Goodfellas
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
The U/C / Chassis frame / Body Structure affected due to collision.

Table with 2 columns: Date/Time, Action/Instruction. Row 1: NO 61A.

Date/Time, File Pass to? [] : Prel. Report [] : Final Report
Date/Time, File Return to?

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

Add Fee: [] Site Insp (\$) [] Interview (\$) [] Tech Insp (\$) [] Weekend (\$)

Table for Survey Fee and Transportation costs.

Report Format:
Lump Sum / L.B.H. (%)