ASS. REC. BY: | REF:

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)

N/S	O/S

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

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: SLQ4940D. Yr Regn: 2017, July.

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

Make: Mercedes Benz C200 c.c 1991

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

Sp.Reading: 70306. T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD2050422R277862

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 235/35R19.

R: 235/35R19

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	17/03/23.

Survey held at JDM.

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

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

Date / Time	Action / Instruction
	TP China.
	MV :
	PV :
	Nett :
	287B

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

1) _____ [ ] : Final Report

Date/Time, File Return to?

2) _____

Report Format : _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

[ ] : Interview ($ _____)

[ ] : Tech. Inve ($ _____)

Survey Fee: _____

Transportation: _____

___$ + RS.___SI _____

Photos _____

Others _____