

ASS. REC. BY:

REF:

CS/MSG23002856 / ATwy 3

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.Bal. or Market Value: \$50,000

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 3 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No
LTA - \$22,998.14

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No:

SMM7274H

Yr Regn:

2017, Feb

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

Truck / Trailer or

Make:

Mit Attrage

C.C.

1193

Colour

Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

102424

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MMBSTA13AHH004413

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

185/55R15

R:

185/55R15

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.

18/03/2023

D.O.I.

20/03/23

Survey held at

One Garage

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

Rear N/S

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

Date / Time

Action / Instruction

TP M816

31/05/2023 Finalise 1/5 \$1,600.00 @ 03 days (Red \$3,109.03/66%)

MV:

PV:

Nett:

442F

Date/Time, File Pass to?

31/05/2023

1) Typist

Date/Time, File Return to?

2) _____



Preli. Report



Final Report

Days Of Repair:

3

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Insp (\$

Photos

Other

31/05/2023

TP

1/5 \$1600