

ASS. BY:

REF:

CS/EGI23003453/Aqy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspected 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: 4 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: YN384SP Yr Regn: 2013, May.Type: M.Car / M.Cycle / Bus / Van (Lorry) / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Mit Fighter C.C. 7545Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 87007 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FM65FMA10018Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Mil / S/Rim / STD A/Rim orTyre Size: F: 11R22.5R: 11R22.5

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 05/04/23Survey held at Automobile HubDes. 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
	<u>TP Ego</u>
	<u>COE Expiry: 30/04/28.</u>
	<u>LS \$2800, 4 days. (Red \$21950, 89%)</u>
	<u>MV:</u>
	<u>PV:</u>
	<u>Nett:</u>
	<u>7676</u>

Date/Time, File Pass to?

☐ : Prel. Report1) 06/07 Typist☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 4Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)Report Format: MER-TPReport Price: 2800