

ASS. REC. BY:

REF:

CS/EG123005018/Aqy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insured Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claim 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: 9 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: JMGS05ST Yr Regn: 2018 / Dec

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

Truck / Trailer or

Make: Mercedes Benz CLA180 C.C. 1595

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

Sp. Reading: 99833 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD1173422N691421

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 235/45R18

R: 235/45R18

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. 15/05/23

Survey held at JEC

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

Rear O/S

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

Date / Time	Action / Instruction
	<u>TP Echo</u>
	<u>COE Expiry</u>
	<u>LS \$10000, 9 days. (Red \$8146.10, 45%)</u>
	<u>Estimate given during : Yes ()</u>
	<u>1st Survey : No (✓)</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>
	<u>865E</u>

Date/Time, File Pass to?

☐

: Prel. Report

1) 16/06 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 9

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ Site Insp (\$ _____)

☐ Interview (\$ _____)

☐ Tech. Inve (\$ _____)

S + RS \$

Photos

Others

Report Forwarded: MER-TP

Report Form / R.P.F. (C)