

ASS. REC. BY: _____ REP: _____

ASSIGNMENT

From: _____ Date: _____
 Estm. Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Insured Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SMG 9062X Yr Regn: 2009 / Dec
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Mercedes Benz C180 c.c. 1597
 Colour: Silver A/C: Insured / Std / NI / NA
 Sp. Reading: 165703 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WDD2040452A335477
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 225/45R17
 R: 225/45R17

(Policy Condition)

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

N/S	U/S

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

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

Front Rear
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 30/05/23
 Survey held at HD Perfect

Des. of Damages Frnt / 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 AIG</u>
	<u>COE Expiry : 31/10/29.</u>
	<u>Estimate given during : Yes (✓)</u>
	<u>1st Survey : No ()</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>
	<u>829B.</u>

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report
☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Inve (\$ _____)

Report Format: _____

Print Form / Print Co