

ASS. REC. BY: Tough

REF:

INC

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / FP / 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.

N/S	O/S
<u>R</u>	<u>X</u>

Bal. or Market Value: _____

IDAC Accident Report _____ Consistent? : Yes or No

GIA / PR Seer: _____ 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: SM 1A 8045J Yr Regn: 1

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

Truck / Trailer or

Make: Mercedes Benz C180 c.c.

Colour: Blue A/C: Insured / Std / Nil / NA

Sp. Reading: 129965 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: WDD2650402R134579

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 245/40R18

R: 1 -

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 01/08/2012pm

Survey held at Turple T

Des. of Damages: Frit / Rear / O/S / N/S / U/G / Rooftop or

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

Date / Time	Action / Instruction
	<u>NO GIA.</u>

Date/Time, File Pass to?

: Prel. Report

Days Of Repair: _____

1) _____

: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2) _____

Add Fee: : Site Insp (\$)

Survey Fee: _____

Transportation: _____

\$ + RS \$

Photos

Others

Rep. Format: _____

Lump Sum / I.B.L. (?)

: Interview (\$)

: Tech. Invs (\$)

: Weekend (\$)