

REF: CS/INC24080189/Anh3 (SND 4062H)

ASSIGNMENT

Front: _____ Date: _____
 Estn: _____
 OD / TP RES / OD RES / EVA / INV / MV
 To in _____ Vehicle No: _____
 at _____
 of _____
 Insured: _____
 Policy: _____
 Claims: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Vch: _____

Veh No: SND4062H Yr Regn: 2015, Jan.
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Mercedes Benz CLA180 1595
 Colour: Yellow A/C: Insured / Std / NI / NA
 Sp. Reading: 197587 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WDD1173422N143287
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 225/40R18
 R: 225/40R18

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Report: _____ 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 / DHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front
 R/Bal. 96 mm R/Bal. 96 mm
 L/Bal. 96 mm L/Bal. 96 mm
 D.O.A. _____ D.O.I. 13/08/24
 Survey held at TL Perfect
 Des. 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>TR INC</u>
	<u>COE Expiry</u>
	<u>Estimate given during : Yes (✓)</u>
	<u>1st Survey : No ()</u>
	<u>MV : 22K</u>
	<u>PV : 13.7K</u>
	<u>Nett. 8.3K</u>

Adrian confirmed lump sum \$8000 and 8 days
 (red, \$23661.94, 74%)

Date/Time, File Pass to?

☐ : Prelim. Report
☐ : Final Report

Days Of Repair: 8

Resurvey No. of Trip: _____

1) Date/Time, File Return to?

And Fee: ☐ : Site Insp (\$ _____)

Survey Fee: _____

Transportation: _____

8 + R.S. \$1

Photos