Assd. Rep. By: REF: CS/AIG24080431/Avp3

ASSIGNMENT

From: Date:

Estim. Cost:

OD / TP INS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No:

at W/Shop m/s

of

Insured: GBF 5674S

Policy No. 7990000183

Claims No. 9366055703SG

Sum Insured: Excess:

(Client 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 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMR1169S Yr Regn: 2019, Dec

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

Make: Mercedes Benz C200 Hybrid C.D 1497

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

Sp.Reading: 366212 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDD2050772R481861

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: 225/45R18 R: 225/45R18

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.	19/8/2024	D.O.I.	26/08/24

Survey held at TSL

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
	TP A/G
20/1/25	Adrian confirmed LS $10,000 (red 9106.80, 47%)
	MV :
	PV :
	Nett :

COE Expiry :

Estimate given during 1st Survey : Yes ( ) No (✓)

134J.

Date/Time File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time File Return to?

2)

Days Of Repair: 7

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Survey Fee:

Transportation: S + RS S

Photos

Others

Report Format :