ASS. By: REF:

ASSIGNMENT

From: Date: Veh No: SMR1169S Yr Regn: 2019, Dec

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

OD / TP RES / OD RES / EVA / INV / MV Truck / Trailer or

To in Vehicle No: Make: Mercedes Benz C200 Hybrid 1497 c.c

at W m/s Colour White A/C: Insured / Std / NI / NA

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

Insured: Eng/No:

Policy No C/No: WDD2050772R481861

Claims No Gen. Cond: Good / Fair / Poor / Burnt

Sum Ens ured Excess: Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record) Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/45R18

(Policy Condition) R: 225/45R18

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

N/S O/S

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

Bal. or Market Value:

IDAC Accident Rport: 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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		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 ALG
	COE Expiry :
	Estimate given during 1st Survey : Yes ( ) No (✓)
	MV :
	PV :
	Nett :
	134J.

Date/Time, File Pass to? [ ] : Preli. Report Days Of Repair:

1) [ ] : Final Report Resurvey No. of Trip:

Date/time, File Return to?

2)

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Inve ($)

Survey Fee:	
Transportation:	
$ + RS $	
Photos	
Others	

Report Format :