REF: CS/AGI24090051/Avh3

ASSIGNMENT

From: Date:

Estimate Cost:

OD / TPFT / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No:

at Workshop/s

of

Insured: SGB 6614X

Policy No

Claims No: C10031466/CY

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Veh No: SLK8760L Yr Regn: 2017, Feb.

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

Make: Mit Attrage C.C 1193

Colour Maroon. A/C: Insured / Std / NI / NA

Sp.Reading 163016 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MMBSTA13AHH003652

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/55R15

R: 185/55R15.

	N/S	O/S

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

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

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

Vehicle: IN / OUT

Date: Person Contacted:

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.	2/9/2024	D.O.I.	04/09/24.

Survey held at KT Motorwerk

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 Budget Direct.
5/2/25	Adrian confirmed LS $4500 (Red 9353.49, 67%)
	MV :
	PV :
	Nett :

COE Expiry :

Estimate given during : Yes (✓) / No ( )

1st Survey

064F.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Survey Fee:

Transportation:

$ + RS $

Photos

Others

Report Format :