Asst: Advsr: Ref:

ASSIGNMENT

From: Date:

Estimate Amount:

OD / TPFTS / TP RES / CD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop/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

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:

Veh No: SNT5335E Yr Regn: 2024, Jan.

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

Make: Mercedes Benz GLC 250 Coupe C.C 1991

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

Sp.Reading 60168 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDC2533462 F410677

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: 255/50R19.

R: 255/50R19.

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	13/09/24.

Survey held at TSL

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear N/S.

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

Date / Time	Action / Instruction
	TP Somps. COE Expiry :
	Estimate given during : Yes ( ) No ( )
	MV : 196K (Depreciation @ 26K x 6.3yr + 1st Survey 32K ≈ 196K)
	PV : 73.4K
	Nett : 122.6K
	0442

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Report Format :

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Survey Fee:

Transportation: S + RS SI

Photos

Others