CS3/LIP24100271/Aqh3

REF: ~~CS/LIP240907??/Aqh?~~

ASSIGNMENT

From: Date:

Estimate cost:

OD / TPPD / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No:

at Workshop m/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: 4 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: SBM35H Yr Regn: 2012, Sept

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

Make: Mercedes Benz E200 C.C 1796

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

Sp.Reading: 106653 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDD2120482A 632480

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: 225/45R18

R: 225/45R18.

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.	09/09/24	

Survey held at: Modern.

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 Liberty — COE Expiry: 29/02/2032
	range: $3000 – $4000
16/10/24	Submit PRS as LIP informed — Estimate given during 1st Survey: Yes ( ) No (✓)
	MV: 92K that the owner had
	PV: 60.1K private settle with TP.
	Nett: 31.9K.
	184H.

Date/Time, File Pass to?

1) 16/10 typist

Date/Time, File Return to?

2)

[ ] : Preli. Report

[ ] : Final Report

Report Format: PRS.

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Inve ($)

Survey Fee:	
Transportation:	
S + RS. ___ SI	
Photos	
Others	