Asst. Sign: REF: CS/AGI24120015/Avp3

ASSIGNMENT

From: Date:

Estimate Cost:

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

To inspect Vehicle No:

at W/S on m/s

at

Insured: SLU 225R

Policy No

Claims No: C10033203/CH

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: SBP6979D Yr Regn: 1991, Feb

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

Make: Mercedes Benz 200E c.c 1996

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

Sp.Reading 509372 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDB1240212B330817

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: 205/55R16

R: 205/55R16

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.	29/11/2024	D.O.I.	03/12/24

Survey held at 2020 Spay Painting

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. COE Expiry : 31/01/2029.
13/6/25	Adrian confirmed LS $3400 (red 6034.60, 63%)
	Estimate given during : Yes ( ) / No (✓)
	MV : 1st Survey
	PV :
	Nett :
	991C

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Report Format :

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Survey Fee:

Transportation: $ + P.S. $

Photos

Others