

ASS. REC. BY: Tajir

REF:

CS3/CT124120257/Tuh

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / ☒ W / ☐ VS / 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: 27k

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Soenc: _____ 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: _____

Date / Time Action / Instruction

NO G11A

Repair Range: \$8000 - \$9000, 7 days

23 Sep 2015

Veh No: SKH7373E Yr Regn: 1Type: ☒ M. Car / ☐ M. Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make: Mercedes Benz W180 c.c. 1595Colour: Grey A/C: ☐ Insured / ☐ Std / ☐ Nil / NASp. Reading: 177851 T/Radio: ☐ Insured / ☐ Std / ☐ Nil / NA

Eng/No: _____

C/No: W0717604225399964Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☐ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☐ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModl: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim orTyre Size: F: 225/40R18R: ~ ~BS / DUN / EXNOVA ☒ FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 6 mm

Rear

R/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A.

D.O.I. 27/12/24Survey held at LC Xtreme Carpark West CoastDes. of Damages: Frt / Rear ☒ O/S / ☐ N/S / ☐ UIC / ☐ Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.