ASS: REF: CS/INC24120300/Anh3 (SGU 7722K)

ASSIGNMENT

From: Date:

Estimate Amount:

OD / TPO / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop/s

of

Insured:

Policy No.

Claim's No.

Sum Insured: Excess:

(Client Record)

Make of Veh:

(Policy Condition)

Remark: 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. Repair: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SGU7722K Yr Regn: 2018, Oct

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

Make: Mercedes Benz GL250 C.C 1991

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

Sp.Reading 103317 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDC2533462F480497

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: 235/55R19 R: 235/55R19

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	21/02/25

Survey held at Elite Auto Restoration

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

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

Date / Time	Action / Instruction
	TP / NC.
	MV :
	PV :
	Nett :

COE Expiry :

Estimate given during 1st Survey : Yes ( ) No ( )

Adrian finalise lump sum $5200 and 3 days
(red, $9976.95, 65%)

047H.

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee: : Site Insp ($) : Interview ($) : Tech. Inve ($)

Survey Fee:

Transportation: S + R.S. SI

Photos

Others

Report Format :