

REF: CS/CTI24070438/Avh3

ASSIGNMENT

From: _____ Date: _____

Estim: _____

OD / TP RES / CD RES / EVA / INV / MVTo In Vehicle No: _____at Workshop _____

of _____

Insured: **SMJ 8816D**

Policy No _____

Claim's No **SNM24D204102**

Sum Insured _____ Excess: _____

(Client's Record)

Make of Vehicle _____

(Policy Condition)

Remark: The vehicle had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report _____ 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: **SMD1994A** Yr Regn: **2016 / Feb.**Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: **Mercedes Benz E250** c.c. **1991**Colour **Grey** A/C: Insured / Std / NI / NASp. Reading **214025** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **WDD2120362B262162**Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: **245/40R18**R: **245/40R18**BS / DUN / EXNOVA / GY / FS / IZA / MIC / OHTSU PIR / SUMI /

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. **06** mm R/Bal. **06** mmL/Bal. **06** mm L/Bal. **06** mmD.O.A. **16/7/2024** D.O.I. **21/08/24**Survey held at **HS**

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

Front N/S

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

Date / Time	Action / Instruction
	TP China.
13/4/25	Adrian confirmed LS \$7900 (Red 16,101.17, 67%)
	COE Expiry :
	Estimate given during : Yes (✓)
	1st Survey : No ()
	MV :
	PV :
	Nett :

Date/Time, File Pass to?

☐

Preli. Report

Days Of Repair: **6**

1)

☐

Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Inve (\$

Survey Fee:

Transportation:

3 + RS \$1

Photos

Others

Report Format:

Report Form / P.P. / C.