

ASSIGNMENT

From: _____ Date: *17.10.2017*

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: *SKZ 8910D*

at Workshop m/s: *Performance*

of *303 Alexandra Rd*

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: *Mercedes*

(Policy Condition)

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

Bal. or Market Value: _____

IDAQ Accident Rpt: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: *SKZ 8910D*

Yr Regn: *2015 Nov*

Type: ☒ Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make: *BMW 116D*

c.c. *1496*

Colour: *Blue*

A/C: ☒ Insured / ☐ Std / ☐ NI / ☐ NA

Sp. Reading: *22682*

T/Radio: ☒ Insured / ☐ Std / ☐ NI / ☐ NA

Eng/No: _____

C/No: *WB41V72010250049*

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: *205/55R16*

R: *205/55R16*

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / ☒ PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal: *6* mm

R/Bal: *6* mm

L/Bal: *6* mm

L/Bal: *6* mm

D.O.A. _____

D.O.I. *17/10/17*

Survey held at *PML*

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

11/8 RE-OPEN AMEND THE REPAIR RANGE TO 3500 - 4500 *Celine 11/08/2020*

RECEIVED 09 MAY 2018

Repair range: \$2500-\$3500 *Celine 21/07/2020*

4 Weekdays
1 Weekend
total 5

Reopen input repair range/days

Date/Time, File Pass to?

1) *915 Typist*

Date/Time, File Return to?

2) _____

Report Format: *TP*

Lump Sum / I.B.I: (\$ _____)

☒ : Preli. Report
☐ : Final Report

Days Of Repair: *3*

Resurvey No. of Trip: *—*

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: *250*

Transportation: _____

S + RS, SI _____

Photos: _____

Others: _____

TOTAL

250