

ASSIGNMENT

From: Date: *5.7.2019*

Estimated Cost:

OD: ☒ TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: *SLJ 7147U*
at Workshop n/s: *Cycle & Carriage*
of: *182 Pandan loop*

Insured:

Policy No.

Claims No.

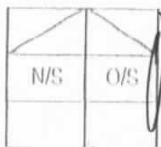
Sum Insured:

Excess:

(Client's Record)

Make of Veh: *Che Han 9181717*

(Policy Condition)

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

Bal. or Market Value:

IDAC 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 *sup*

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: *SLJ 7147U* Yr Regn: *2015 / MAR*Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: *MERCEDES BENZ GLA 200* C.C. *1595*Colour: *Grey* A/C: Insured / Std / NI / NASp. Reading: *49437* T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: *WDC1569432J063156*

Gen. Cond: Good / Fair / Poor / Burnt

Steering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: *235/50R18*

R:

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

Front

Rear

R/Bal. *6* mm R/Bal. *6* mmL/Bal. *6* mm L/Bal. *6* mmD.O.A. *06/05/19* D.O.I. *05/07/19*Survey held at *CYCLE & CARRIAGE (P.L.)*Des. of Damages: Frt / Rear / ☒ N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Report Format :

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

Survey Fee:

Transportation:

) \$ + RS, 31

) Photos

) Others

TOTAL