ASS. REC. BY: Steve | REF: CS3/AIG20909784/Eyf3

PRS

ASSIGNMENT

From: Date:

Estimated Cost:

SP / TP WS / TP RES / OP 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:

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLB 634T Yr Regn: 28/3/16

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

Make: Mercedes Benz GLE450 AMG c.c 2999

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

Sp.Reading 54498 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDC2923641A018948

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 315/4R 20

R: "

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	9/9/20	D.O.I.	14/9/20

Survey held at 1st Auto

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
	MV-212K ~~XXXXXXXXXX~~
	SUBMIT L/S $6100.00 REPAIR 5 DAYS (RED $8150.00, 42%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 06/10/20 TYPIST

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

Lump Sum / L.E.I: ( )

Survey Fee:

Transportation: $ + RS $

Photos

Others

TOTAL