Ref. A16

ASSIGNMENT

Time: Date:

Estimated Cost:

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

Inspect Vehicle No: SKA135J Insp. Dept: 30 Mar 2020

Workshop m/s: Ace chrome Restorations & Automotive

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

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Record)

Make of Veh: Merce CLA180 AMG cc 1332

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

Op Reading: 14485 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDD 1183842N · 00 7433

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 / 35 R19

R: 11

(Policy Condition)

N/S	O/S

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

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

Total or Market Value:

DAC Accident Rport: Consistent? Yes or No

SIA / PR Seen: Consistent? Yes or No

Est. Repairs: 4 days Res.: Yes or No

Sum Sum: % 3 Val: Yes or No

Front			Rear		
R/Bal	6	mm	R/Bal	6	mm
L/Bal	6	mm	L/Bal	6	mm
D.O.A	07-01-21		D.O.I.	13-01-21	

Survey held at: W/S 12:30pm

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

CA / REV / REP. / 24 HRS

Vehicle IN / OUT

Date: Person Contacted:

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

Date / Time	Action / Instruction
	No Body Injured

Date/Time File Pass to:

: Preli. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Date/Time File Return to:

Addl Fee: Site Insp. ($

Survey Fee:

Transportation