

CS/TM121004592/T1tf3

REF:

TM1

A.S.S. REC. BY:

Toughlin

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No. MM000072

Claims No. M2101738

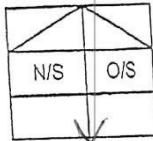
Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(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

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

SHD 662214

Yr Regn:

20/6 March

Type: M.Gar / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Mercedes Benz E220c 2143.

Colour:

White

A/C: Insured / Std / NI / NA

Sp. Reading

606747

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WDD 21200173309192.

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:

225 / 55 R16

R:

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

TOYO / YOKO or

Giti

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A.

D.O.I.

12/4/21

Survey held at

Longport Logon

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

COR l/s \$3350, 3 days

RED:2083;38%

5433

Date/Time, File Pass to?

☐ : Preli. Report

1)

Date/Time, File Return to?

☒ : Final Report

2)

Rep. Formed:

Lump Sum / L/S: 3350 L/S

Days Of Repair: 3

Resurvey No. of Trip: 2

Add Fee:

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

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL