ASS. Rec. By: GQ

REF: CS3/CTI20008597/Gtf3-1

PRS

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s EM Solution

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: SMR 1811X Yr Regn: 23 Dec/2019

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

Make: MERCEDES BENZ C200 AMG c.c 1497

Colour White A/C: **Insured / Std / NI / NA**

Sp.Reading 12986 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: WDD2053772F803385 *

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: 245/40R18

R: 245/40R18

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.	18-08-2020

Survey held at W/S 3:30pm

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
	$5000 - $6000
	LUMP PSUM $5200,6DAYS.
	RED: 8200;61%

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : **Preli. Report**

☐ : **Final Report**

Days Of Repair: 6

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Weekend ($)

Survey Fee:

Transportation: ___S + RS.___SI

Photos

Others

TOTAL