

ASS. REC. BY: Marla

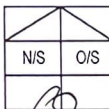
CS/CT12009528/Ugc

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SMU 9616A
 at Workshop m/s: 200m
 of _____
 Insured: G3C 1609X
 Policy No. _____
 Claims No. SNM21D205108/C02
 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMU 9616A Yr Regn: 1
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or CA
 Make: Mercedes GLB200 c.c.
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 13213 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WIN 2476872W03010
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / SRim / STD A/Rim or
 Tyre Size: F: 235/50 R19
R: _____

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

Front _____ Rear _____
 R/Bal. f mm R/Bal. f mm
 L/Bal. f mm L/Bal. f mm
 D.O.A. 9/9/21 D.O.I. 13/9/21
 Survey held at _____

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

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

Date / Time Action / Instruction

14/09/21@9.37am Informed Billy, we are pending for estimate from repairer.

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$

) \$ + RS. \$

☐ : Interview (\$

) Photos

☐ : Tech. Invs (\$

) Others

☐ : Weekend (\$

)

Report Format :

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

TOTAL