ASS. Filed By: GQ REF: CS/MSG21009771/Gvy3

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / W/S / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s Vin's Auto

of

Insured: SKZ 265K

Policy No. 29138567ATM

Claims No. 638047

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: $130k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 7 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: SMW2350B Yr Regn: 10 Nov 2020

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

Make: MERCEDES BENZ GLA180 c.c 1595

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

Sp.Reading 12684 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDC1569422J670195 *

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: 235/50R18

R: 235/50R18

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 17/9/2021 D.O.I. 20-09-2021

Survey held at W/S 2PM

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

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

Date / Time	Action / Instruction
8/9/22	Final fig $13,266.40 confirmed by email (Red 3691.70, 21%)

Date/Time, File Pass to? 1)

☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to? 2) 8/9/22-typist

Days Of Repair: 7

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format : Merimen

Lump Sum / UPD : $13,266.40

Survey Fee:

Transportation: S + RS. SI

Photos

Other:

TOTAL