

ASS. FEE:

REF: CS³ CTI 210116+11/Dvy³

ASSIGNMENT

CUB Jan 2031

From: _____ Date: _____

Estimate ~~Lost~~OD / ~~TP~~ RES / TP RES / OD RES / EVA / INV / MV

To Insp Vehicle No: _____

at Work to m/s _____

of _____

Insured SLW 2499T

Policy # DMPCSNW00196782000

Claim # SNM21D206509/C02/LEEPG

Sum Insured: _____ Excess: _____

(Check is record)

Make ~~CVR~~

(Police Condition)

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

Bal. or Market Value: _____

IDAC Accident Report _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repair: 3 days Res.: Yes or NoLimit Sum 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMR 8489 Y Yr Regn: 2011, MarchType: MC / MCycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz C180 cc 1597Colour: Brown A/C: Insured / Std / NASp. Reading 135843 T/Radio: Insured / Std / NAEng/No: 27191031344108C/No: WDD2040452A507340Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/40 R18R: —

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

TOYO / YOKO or

Yokohama

Front

Rear

R/Bal: S mm R/Bal: S mmL/Bal: S mm L/Bal: S mmD.O.A. 11/11/2021 D.O.L. 16/11/2021Survey held at Triple-T Kaki Bukit

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

Front H/S

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

Date / Time Action / Instruction

Chink Taping SLW 2499T

28/12/21

Repr range 2.5K to 2.8KRear bumper, centre inner grille, chrome moulding, number plate sensor, number plate, front bumper centre bracket.

Date/Time, File Pass to?

☐ : Prel. ReportDays Of Repair: 3 28/12/21 Bryan

Date/Time, File Return to?

☐ : Final Report

Resurvey No. of Trip: _____

28/12/21-typist

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)

Survey Fee: _____

Transportation: _____

S + RS: _____

Photos: _____

Report Format: _____