

ASS. REC. BY: Tang JH

REF: 033/07/21011802/Tiny3

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: SKS 845Z

Policy No. DMPCSNW00176932101

Claims No. SNM21D206646/C02/TANCHC

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: \$150K

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 up PRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLT 3389L Yr Regn: 2019 Sep

Type: M/Car / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Maké: Mercedes Benz CLA200 c.c. 1332

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

Sp. Reading: 39876 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD11838721018991

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/45R17

R: 7

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. 17/11/21 D.O.I. 22/11/21 01050

Survey held at Gage 13

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

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

Date / Time	Action / Instruction
	<u>Repair Range \$2000 - \$3000, 03 days</u>
23/11/21	Submit PRS, repair range \$2000-\$3000

Date/Time, File Pass to? ☐ : Prelim. Report

1) ☐ : Final Report

Date/Time, File Return to?

2) 23/11/21-typist

Rep. Format: _____

Lump Sum / L.B.A. (P) _____

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL