ASS. REC BY: GQ | REF: NS/INC21012255/Gqc

ASSIGNMENT

From:
Date:
Estimated Cost:
OD / **TP** / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No:
at Workshop m/s COMFORTDELGRO
of
Insured:
Policy No.
Claims No. MT/1153104-002
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: 2 days   Res.: Yes or No
Lum Sum: 20 %   3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Vehicle: IN / OUT
Date: Person Contacted:

Veh No: SHD6725L   Yr Regn: 08 Apr/2016
Type: M.Car / M.Cycle / Bus / Van / Lorry / **Taxi** / Prime Mover / Truck / Trailer or
Make: MERCEDES BENZ / E220 c.c 2143
Colour: White   A/C: Insured / Std / NI / NA
Sp.Reading: 658442   T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: WDD2120012B318791 *
Gen. Cond: **Good** / Fair / Poor / Burnt
Steering: **Inorder** / Jammed / Leaked / Burnt or
Brake: **Inorder** / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / **STD A/R**im or
Tyre Size: F: 225/55ZR16
R: 225/55ZR16
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or GITI

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm
D.O.A.			D.O.I.	01-12-2021	

Survey held at W/S 1PM
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
	Guo Qiang finalised LS $2250, 2 days. (Red $1712, 43%)

Date/Time, File Pass to?   ☐ : Preli. Report
1) 25/04 Typist   ☐ : Final Report
Date/Time, File Return to?
2)

Days Of Repair: 2
Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)
☐ : Interview ($)
☐ : Tech. Invs ($)
☐ : Weekend ($)

Survey Fee:	
Transportation:	
___S + RS.___SI	
Photos	
Other:	
TOTAL	

Report Format: TP
Lump Sum: ~~1424~~ 2250