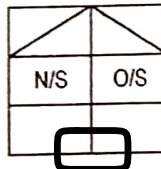


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 QD ☒ TP / ☐ N/S / 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.



Bal. or Market Value: _____
 IDAC Accident Rpt: _____ 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/Rim 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

Survey Fee:

Transportation:

3 + RS. SI

Photos

Other:

TOTAL

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Insp (\$☐ : A/Weekend (\$

Report Fee: TP

Long Over 2250