ASS. REG. BY: Steve | CS/UO122002797/EQ43 |

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: _____

Policy No. _____

Claims No. M11D14872203

Sum Insured: _____ Excess: 800

(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: 6 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: SKW6366D Yr Regn: 9/11/15

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

Make: Mercedes-Benz C180 c.c 1595

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

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

Eng/No: _____

C/No: WDD2050402R113918

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 225/50R17

R: "

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	10/3/22	D.O.I.	14/3/22

Survey held at Cycle & Carriage

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Front RH

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

Date / Time	Action / Instruction
	MV-83K
15/03/22@12.23pm	revert to Josephine by email.
15/03/22@3.37pm	Katie informed C/A by email.
15/03/22@3.45pm	Informed Chee Han C/A & ex:$800 by email.
13/04/22@12.11pm	2nd revert to Katie by email. (supplementary $182.93)
18/04/22@8.14am	Katie approved COR $22447.33 by email.
20/04/22@11.03am	confirmed with Chee Han final fig $22447.33, 6 days. (Red $4532.28, 17%)

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

1) 20/04 Typist ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format : OD

~~Lump Sum~~ / I.B.I: ($ 22447.33)

Days Of Repair: 6

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech, Invs ($ _____)

☐ : Weekend ($ _____)

16x25=400

Survey Fee:	250+400
Transportation:	60
$ + RS $	80
Photos	91
Others	
TOTAL	881