

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: *SM Q 500E*at Workshop m/s *Specialist*

of _____

Insured: *GAG 998K*

Policy No. _____

Claims No. **M11D15412206**

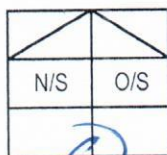
Sum Insured: _____

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: *\$ 400k.*

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: *3*

days

Res.: Yes or No

Lum Sum: *1.3.1*

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____

Person Contacted: *27A 158400*Veh No: *SM Q 500E*Yr Regn: *09/01/20*

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

Truck / Trailer or *CA / LINE M-Hybrid*Make: *Mer Benz 500 AMG**2999*Colour: *Beige*

A/C: Insured / Std / NI / NA

Sp. Reading: *36894*

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *WDD 2221602 A514073*

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: *245/40 R20*R: *275/35 R20*

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

TOYO / YOKO or *continuity*Front *6*Rear *6*R/Bal. *6* mmR/Bal. *6* mmL/Bal. *6* mmL/Bal. *6* mmD.O.A. *20/05/22*D.O.I. *2/6/22*

Survey held at _____

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

Rear

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

Date / Time

Action / Instruction

*Rep 42k.**SG carmart No 2020 model**27/7/22 P/P \$ 3482.50 informed hailing*

(red 1982.50, 36%)

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2) *28/7/22-typist*Days Of Repair: *3*Resurvey No. of Trip: *1*

Add Fee:

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

Survey Fee:

Transportation:

) *S + RS, SI*

) Photos

) Others

TOTAL

210

60

80

37

387

Report Format : TP

Lump Sum / I.B.I: (\$ 3482.50)