

ASSIGNMENT

From:

Date:

Estimated Cost:

☒ OD / ☐ TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s PROFI AUTO

of

Insured:

Policy No:

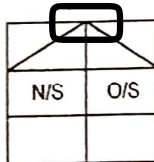
Claims No:

Sum Insured: Excess: \$1000

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: \$188k

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 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: SNA9943Z

Yr Regn: 25 Aug/2020

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

Truck / Trailer or

Make: MERCEDES BENZ GLB200 c.c 1332

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

Sp Reading: 38290 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: W1N2476872W032347 *

Gen. Cond ☒ Good / Fair / Poor / BurntSteering: ☒ norder / Jammed / Leaked / Burnt orBrake: ☒ norder / Jammed / Leaked / Burnt orModi: Nil ☒ S/Rim / STD A/Rim or

Tyre Size: F: 235/50ZR19

R: //

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.

D.O.I. 01-07-2022

Survey held at W/S 3:30PM

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
17.02.2023	Finalised LS \$4,750.00 ; 4 days with Edward. (Red \$19,292.39 ; 80%)

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Insp (\$☐ : Meet end (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Other:

TOTAL

Report Finalised: OD

Lum Sum / EPB: LS \$4,750.00