ASS. Rec. BY: GQ | REF: CS/SPF22006598/Gqy3

# ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / N/S / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s MDM TAN OWNER OF THE VEHICLE

of

Insured:

Policy No.

Claims No.

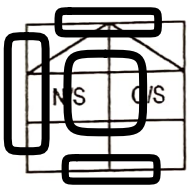
Sum Insured: Excess:

(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 Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 8 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: SMJ9857D Yr Regn: - /

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

Make: MERCEDES BENZ E250 c.c -

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

Sp.Reading 29605 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDD2130452A591081 *

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: 275/40R18

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. | 20-07-2022 |

Survey held at 5 WIMBORNE ROAD 11:30

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 |
|---|---|
| | Submit $1605 (with GST) (Red $0/-, 0%) (FAIR & REASONABLE) |

Date/Time, File Pass to?

1) 10/08 Typist

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 8

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($ )

☐ : Interview ($ )

☐ : Tech. Insp ($ )

☐ : Weekend ($ )

Survey Fee:

Transportation: ___S + RS.___SI

Photos

Others

TOTAL

Payment Format: TP

Amount: 1605