(08/11/13) wef

ASS. REC. BY: Marcus

REF: CS/FC/22007372/Uvy3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SMH 7960L

at Workshop m/s specialist 9.30

of

Insured: SMA 5703M

Policy No.

Claims No. D22002359MFZH

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

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

Bal. or Market Value: $ 118k.

IDAC Accident Rport: 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 C 348/c

Vehicle: IN / OUT

Date: Person Contacted: LTA 36580

Veh No: SMH 7960L Yr Regn: 01/02/19

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

Make: Mer Benz GLA180 c.c 1595

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

Sp.Reading 42998 / T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDC1569422J574539

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: 235/50 R18

R:

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	29/07/22	D.O.I.	08/08/22

Survey held at —

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

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

Date / Time Action / Instruction Rep 16k.

1/9/22 4/S $5600 informed Hulin (red 6262, 52%)

Date/Time, File Pass to? [ ] : Preli. Report [ ] : Final Report

1)

Date/Time, File Return to?

2) 1/9/22-typist

Report Format : TP

Lump Sum / ~~I.B.I.~~ ($ 5600)

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: [ ] : Site Insp ($) [ ] : Interview ($) [ ] : Tech. Invs ($) [ ] : Weekend ($)

Survey Fee:	170+15
Transportation:	50
___S + RS, ___SI	50
Photos	55
Others	
TOTAL	340