(08/11/13) wef

ASS. REC. BY: Marcus

REF: CC2/MID2200747 8/Up

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SLK272G

at Workshop m/s Precise

of

Insured: MID34525

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.**

N/S	O/S

Bal. or Market Value: $68k.

IDAC Accident Rport: Consistent? : **Yes** or **No**

GIA / PR Seen: Consistent? : **Yes** or **No**

Est. Repairs: 20 days Res.: **Yes** or **No**

Lum Sum: 20 % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS O/S D

Vehicle: **IN / OUT**

Date: Person Contacted: LTA 836833

Veh No: SLK272G Yr Regn: 05/01/17

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

Make: Honda civic c.c 1597

Colour blue A/C: **Insured / Std / NI / NA**

Sp.Reading 159 449 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: MRHFC5650GT000749

Gen. Cond: **Good / Fair / Poor / Burnt**

Steering: ~~**Inorder / Jammed / Leaked / Burnt**~~ or effected

Brake: **Inorder / Jammed / Leaked / Burnt** or

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

Tyre Size: F: 215/50R17

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.	4/8/22	D.O.I.	5/8/22

Survey held at

Des. of Damages : **Frt / Rear / O/S / N/S / U/C / Rooftop** or O/S frt, O/S body & frt.

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

Date / Time	Action / Instruction
	Neff $31107 Dep 13k.
13/10/22	L/S $ 28.000 inform you hony

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

1) ☐ : **Final Report**

Date/Time, File **Return** to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation: ___S + RS, ___SI

Photos

Others

TOTAL