

Ass. Fee: BY:

REF: CS3/CTI22008197/Avy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured **SLZ 6900J**

Policy No. **DMPCSNW00102912202**

Claims No. **SNM22D205872/C02/KHONGLH**

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: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **SJR2470A** Yr Regn: **2009, Augst.**

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

Truck / Trailer or

Make: **Mercedes Benz C180** c.c. **1597**

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

Sp. Reading: **150616** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **WDD2040452A260641**

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: **225/40R18**

R: **225/40R18**

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

TOYO / YOKO or **Continental**

Front Rear

R/Bal. **06** mm R/Bal. **06** mm

L/Bal. **06** mm L/Bal. **06** mm

D.O.A. **20/8/2022** D.O.I. **24/08/22**

Survey held at **AKA**

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
	TP Chian. (PRS).
12/9/22	Submit PRS, repair range \$5,000-\$6000
	AKA Auto Ple Ltd.
	JS Kaki @ KB #05-36 #05-37
	S (417800)
	MV :
	PV :
	Nett :
	COE Expiry: 17/08/2029.
	220i

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) **12/9/22-typist**

Report Format:

Days Of Repair: **6**

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

Survey Fee:

Transportation:

☐ S + RS ☐ SI

Photos

Others