

ASS. REC. BY:

REF: CS/GRB22009006/Avy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SNF 6538D

Policy No. D21MFL0000447_01

Claims No. MFL2022D0004850

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: SJ292596. Yr Regn: 2011 Jan.

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

Truck / Trailer: --

Make: Mercedes Benz E250 c.c. 1796.

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

Sp. Reading: 157551 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD2120472A359311

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 265/35 R18.

R: 265/35 R18.

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

TOYO / YOKO or

Front Rear

R/Bal. 26 mm R/Bal. 26 mm

L/Bal. 26 mm L/Bal. 26 mm

D.O.A. 30/8/2022 D.O.I. 15/09/22

Survey held at 2020 Spring Parkway

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

Rear d/s.

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

Date / Time	Action / Instruction
	TP 111
13/10/22	Adrian informed LS \$3600 (red 2390.30, 40%)
	MV:
	PV:
	Nett:
	951E

Date/Time, File Pass to?

☐: Preli. Report

Days Of Repair: 3

1)

☐: Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to?

Survey Fee:

Transportation:

2) 18/10/22-typist

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

S + R.S. \$1

Photos

Others

Report Format: Merimen