(06/1?? ? vron

ASS. REC. BY: NAZ

REF: AIS

PIP

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: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

N/S	O/S

(Policy Condition)

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

Bal. or Market Value: 350K

IDAC Accident Rport: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: EP 8338E Yr Regn: 14/JUL/2020

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

Make: MERCEDES BENZ GLS 400 c.c 2,925

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

Sp.Reading N/A. (battery melted) T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDC1679232A074155

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : NII / S/Rim / STD A/Rim or _____

Tyre Size: F: 285/45 R22

R: 325/40 R22

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	3 mm
L/Bal.	2 mm	L/Bal.	3 mm
D.O.A.	30/10/2022	D.O.I.	2/11/2022

Survey held at MOVA (FAN YOONG RD)

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

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

AIS PIP

Date / Time	Action / Instruction
	COE Rebate $122,217.00
	Repair Limit $220K
	uneconomical to repair. Recommend total loss

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

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

Survey Fee:	
Transportation: ___S + RS___SI	
Photos	
Others	
TOTAL	