

Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

650171

SLIGHT

SKH9818B

Yes

No

CS/AGI23001092/Any3

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: _____

(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: 5 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: SLB7552A Yr Regn: 2016 AprilType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz C180 c.c. 1595Colour: Bronze A/C: Insured / Std / NI / NASp. Reading: 95732 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD2050402R153437Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil S/Rim / STD A/Rim orTyre Size: F: 275/30R19R: 275/30R19

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

TOYO / YOKO or

Green trac

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 02/02/23

Survey held at

Auto UnitedDes. 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 Budget Direct.

Adrian confirmed lump sum: \$7600 and 5 days

MV: (red, \$7633.61, 50%)

PV:

Nett:

690 F.

Date/Time, File Pass to?



: Prel. Report

1) 20/03/23

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5Resurvey No. of Trip: 2

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (\$

Photos

Others

Accident report SN0922AR0001

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