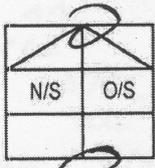


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SKL 5122E
 at Workshop m/s: 3 km
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SKL 5122E Yr Regn: 28/01/19
 Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or (A /
 Make: mer Benz GLC200 1991
 Colour: Grey A/C: Insured / Std / NI / NA
 Sp. Reading: 89807 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WDC2539422F552989
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: No/der / Jammed / Leaked / Burnt or
 Brake: No/der / Jammed / Leaked / Burnt or
 Modi: Nil / S/Bim / STD A/Rim or

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: \$ 148k.
 IDAC Accident Rport: Consistent?: Yes or No
 GIA / PR. Seen: Consistent?: Yes or No
 Est. Repairs: 8 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: 4772
 Vehicle: IN / OUT
 17A 857190

Tyre Size: F: _____ R: 235/60 R18
 BS / DUN / EXNOVA / SY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front R/Bal. 7 mm Rear R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 14/02/23 D.O.I. 16/2/23
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
 Rec & Aff.
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction Dep 2/k
 6/4/23 1/5 \$ 19,000 insured Kerry (Red. \$ 19426.89, 51%)

Date/Time, File Pass to? : Preli. Report
 1) 6/4/23 : Final Report
 Date/Time, File Return to?
 2) _____

Days Of Repair: 8
 Resurvey No. of Trip: 2

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Invs (\$)
 : Weekend (\$)

Survey Fee:	170+420
Transportation:	50
____S+RS____SI:	50+50
) Photos	210
) Others	80
)	
TOTAL	1030

Report Format :
 Lump Sum / I.B.I.: (\$) 19000)

980 089 14/4/23