

ASS. REF: UBI

REF: CS/CT/23002509/TVY3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp. ed Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SKH 5245E

Policy No. DMPCSNW00041612201

Claims No. SNM23D201793/C02/TOHHS

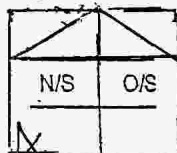
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 978K

IDAC Accident Report: _____ 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

WP

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMQ5030L Yr Regn: 2017, June

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

Truck / Trailer or

Make: Mercedes Benz A180 c.c. 1595

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

Sp. Reading: 131484 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD17604223594726

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: 225/40R18

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 18/1/2023

D.O.I. 13/3/23

Survey held at MCR

Des. of Damages FR / Rear / O/S / N/S / WC / Rooftop or

Rear N/S

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

Date / Time	Action / Instruction
24/4/23	Lump Sum \$2400 confirmed by email (red 28,656.74, 92%)

Date/Time, File Pass to?

☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to?

2) 25/4/23-typist

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

TOTAL

Report Form: Merimen

Lump Sum / Total: \$2400