

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SMR1008Z

at Workshop m/s

of

Insured:

Policy No.

Claims No. D23000983MFCV

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:

188k

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3 days Res.: Yes or No

Lum Sum:

1.3.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMR1008Z

Yr Regn:

21/11/19

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

Truck / Trailer or

Make:

Mercedes G20250 c.c 1991

Colour:

Black

A/C: Insured / Std / NI / NA

Sp. Reading:

63177

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WDC2539462F633673

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 235/60 R18

R:

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

TOYO / YOKO or

Front

R/Bal.

6

mm

Rear

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

18/03/23

D.O.I.

23/3/23

Survey held at

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

MS tree

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

Date / Time

Action / Instruction

Dsp 24k

NO toillary No 2nd hand parts.

29/3/23

P/P \$ 1584.91 insured MR Lee (red 4180.67, 72%)

Date/Time, File Pass to?

: Preli. Report
 : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

140

Transportation:

50

___ S + RS. ___ SI

50

) Photos

23

) Others

Add Fee:

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

TOTAL

263

Report Format : TP

Lump Sum / I.B.I. (\$ 1584.91)