A.S.S. REC BY: Tauffik | REF: 053/MSG 22009978/Tuy3.-1

ASSIGNMENT

23/01/2015

From: _____ Date: _____

Estimated Cost: _____

OD / TP / I/S / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____ _____

of _____

Insured: _____

Policy No. 1002267717

Claims No 287348

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 Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: ~~7~~ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS ~~WP~~ - PRS'

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLV4501L Yr Regn: 2015, Jan.

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

Make: Mercedes Benz C180 AMG c.c 1595 cc

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

Sp.Reading 60780 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 2050402K 00 8880

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: 245/40R18

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.		D.O.I.	12/10/22

Survey held at Paul Hoe.

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

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

Date / Time	Action / Instruction
	Repair Range: $6000 – $7000, ~7 days
	10/11/22 ~~submit PRS / repair range: $6k $7k and 7 days~~
	21/04/23 submit lump sum $2250 and 5 days
	(red, $950, 29%)

Date/Time, File Pass to?

1) ~~10/11/22~~

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: ~~7~~ 5

Resurvey No. of Trip: ~~2~~

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee: _____

Transportation: _____

S + RS SI _____

Photos _____

Others _____

Report Format : prs

Lump Sum / I.B.I. (%) _____