

REF: 033 / MSG 22009978 / Tay3-1
 A.E.S. REC BY: Tay3-1

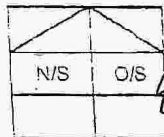
ASSIGNMENT

23/01/2015

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / N/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: _____

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 2050402 R 00 888 0
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modl: NI / STD / STD A/Rim or _____
 Tyre Size: F: 245/40R18
 R: ~ ~

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



Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 7 days Res.: Yes or No
 Lump Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS WP - PRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

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 Hox
 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
	<u>Repair Range: \$6000 - \$7000, ~7 days</u>
	<u>10/11/22 submit PRS / repair range: \$6k-\$7k and 7 days</u>
<u>21/04/23</u>	<u>submit lump sum \$2250 and 5 days</u> <u>(red. \$950, 29%)</u>

Date/Time, File Pass to? ☐ : Prel. Report
 1) 10/11/22 ☐ : Final Report

Days Of Repair: 7
 Resurvey No. of Trip: 2

Survey Fee:	
Transportation:	
S + RS. SI	
Photos	
Others	

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. invs (\$ _____)
☐ : Weekend (\$ _____)

Repair Form: prs
 Lump Sum / L.Bal. (\$ _____)