

REF: 03/MSG 22009978/Tay3.
A.E.S. REC BY: Tay3

ASSIGNMENT

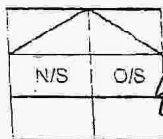
23/01/2015

From: _____ Date: _____
Estimated Cost: _____
OD / TP / NS / 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 _____
Modi: Nil / S/Rim / STD A/Rim or _____
Tyre Size: F: 245/40R18
R: ~ ~

(Policy Condition)

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
Lum Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
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>

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

Date/Time, File Return to?
2) _____

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

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

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

Repair Form: prs
Lum Sum / L.Bal. Of _____