

ASS. REC. BY: Steve

REF: Tokio CS/TMI24080304/Enp3e2 (SH 7823D)

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: _____
at Workshop m/s _____
of _____
Insured: _____
Policy No. _____
Claims No. _____
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: _____
IDAC Accident Rpt: _____ 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
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

X		
X	N/S	O/S
X		

Veh No: SH 7823D Yr Regn: 03/07/2018
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Hyundai Ioniq c.c 1580
Colour: Blue A/C: Insured / Std / NI / NA
Sp. Reading: 620178 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: KMHC851CVJU103294
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: 195/65R15
R: "
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Davanti
Front Rear
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. 15/08/24 D.O.I. 20/08/24
Survey held at Comfortdelgro
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	We finalize \$4100.00 (L/S, before GST). 3 days. (red, \$3225, 44%)

Date/Time, File Pass to? : Preli. Report : Final Report
 1) _____
 Date/Time, File Return to?
 2) _____
 Rep. Format: _____
 Lump Sum / L.B.I. (\$) _____

Days Of Repair: 3
 Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____) : S + RS _____ SI
 : Interview (\$ _____) Photos
 : Tech. Invs (\$ _____) Others
 : Weekend (\$ _____)

Survey Fee: _____
 Transportation: _____
 TOTAL _____