

ASS. REC. BY: **Steve**REF: **CS/LIP24100247/Enh3****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. \_\_\_\_\_

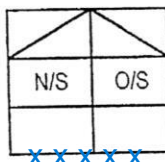
Claims No. \_\_\_\_\_

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 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

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: **SLS1034D** Yr Regn: **07 Sep 2017**Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: **HYUNDAI ELANTRA** C.C. **1591**Colour **Blue** A/C: Insured / Std / NI / NASp. Reading **211810** T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: **KMHD841CMJU538300**Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_Brake: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_Modi: Nil / S/Rim / STD A/Rim or \_\_\_\_\_Tyre Size: F: **225/45R17**R: **"**

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

TOYO / YOKO or **HANKOOK**

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. **5** mm R/Bal. **5** mmL/Bal. **5** mm L/Bal. **5** mmD.O.A. **11/10/24** D.O.I. **22/10/24**Survey held at **Win Automotive**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
	<b>MV - \$44k</b>
	<b>Estimate give later</b>
	<b>We will be advising our principal a cost of repair of Lump sum \$4,500.00 with 7 days (red, \$5404.8, 54%)</b>

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Rep. Format: \_\_\_\_\_

Lump Sum / L.B.I. / \_\_\_\_\_

Days Of Repair: **7**

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

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

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL