

ASS. REC. BY: **Steve**

REF:

CS/INC24120157/Eqh3

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. _____

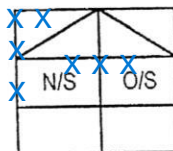
Claims No. _____

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: 18 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **SNR7475G** Yr Regn: **01 Jul 2024**Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: **HYUNDAI SX2 KONA** C.C. **1580**Colour: **Black** A/C: **Insured / Std / NI / NA**Sp. Reading: **49006** T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: **KMH HB811VRU070998**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: **205/65R16**R: **"**

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

TOYO / YOKO or **KUMHO**

Front _____ Rear _____

R/Bal. **3** mm R/Bal. **3** mmL/Bal. **3** mm L/Bal. **3** mmD.O.A. **05/12/24** D.O.I. **11/12/24**Survey held at **TWINCAR AUTOMOTIVE**Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or**& interior (Air bag, safety belt)**

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

Date / Time	Action / Instruction
	MV - \$150k
	PV - \$106,451.00
	NV - \$43,549.00
	Steve finalised LS \$40000, 18 days (Red \$52321.40, 57%)

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: **18**Resurvey No. of Trip: **2**

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Rep. Format: **TP**Lump Sum / L.S. / **40000**