

ASS. REC. BY: **Steve**

REF: CS/FCI24120230/Evh3

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: **SHC 7278J**

Policy No. _____

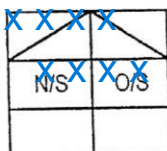
Claims No. **D24010978MFCT**

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

Veh No: **SHD1620M** Yr Regn: **10 Apr 2019**Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: **HYUNDAI AE IONIQ** c.c. **1580**Colour: **Silver** A/C: Insured / Std / NI / NASp. Reading: **N/A** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **KMHC851CVKU129663**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: **195/65R15**R: **"**

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

TOYO / YOKO or **BEARWAY**

Front _____ Rear _____

R/Bal. **5** mm R/Bal. **5** mmL/Bal. **5** mm L/Bal. **5** mmD.O.A. **14/12/24** D.O.I. **17/12/24**Survey held at **Strides Premier**Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or**& Interior (Air bag)**

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

Date / Time	Action / Instruction
	Request Book value already
27/12/24	submit uneconomical total loss -BV \$26,861.06 lta: \$14,719 nv: \$12,142.06
	revised \$54,340.87 check items \$6550.84

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: _____

Resurvey No. of Trip: _____

Add Fee:

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

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

TOTAL