ASS. REC. BY: | REF:

ASSIGNMENT

COE Aug 2024

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.

N/S | O/S

Bal. or Market Value: ______

IDAC Accident Rport: ______ Consistent? : Yes or No

GIA / PR Seen: ______ Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: ______ Person Contacted: ______

Veh No: SHD 3413 G Yr Regn: Aug 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or ______

Make: Hyundai I40 cc 1685

Colour: Blue A/C: Insured / Std / Nil / NA

Sp.Reading 138364 T/Radio: Insured / Std / Nil / NA

Eng/No: D4FDGU662941

C/No: KMHLB41UMGU093371

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or ______

Brake: Inorder / Jammed / Leaked / Burnt or ______

Mod: Nil / S/Rim / STD A/Rim or ______

Tyre Size: F: 205/60 R16

R: — 11 —

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Westlake

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm

D.O.A. 28/06/2023 D.O.I. 30/06/2023

Survey held at CDGE Loyang

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Rear

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

Date / Time	Action / Instruction
	China Taiping GBH 2934B

Date/Time, File Pass to? ☐ : Preli. Report

1) ______ ☐ : Final Report

Date/Time, File Return to?

2) ______

Days Of Repair: ______

Resurvey No. of Trip: ______

Survey Fee: ______

Transportation: ______

S+RS__St

Add Fee: ☐ : Site Insp ($ ______) ☐ : Interview ($ ______) Photos ☐ : Tech. Inve ($ ______) Others

Report Format: ______

[illegible]