

ASS. REC. BY:

REF: ER1/ CASE-24060048

Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 ODI (P/WS/TP RES / OD RES / EVA / INV / MV)
 To Inspect Vehicle No: _____
 at Workshop m/s TWG
 of 03-08 809C
 Insured: WD 7653B
 Policy No. _____
 Claims No. CDMFG24001383
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SMD 6588G Yr Regn: 04, 18
 Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai Elantra 1.59L
 Colour: White A/C: Insured / Std / Nil / NA
 Sp. Reading: 195729 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: KMH084107JU 730440
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rlm / STD / Rlm or
 Tyre Size: 195/65R15
FR18P

N/S	O/S

(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: 85K
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 07 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front
 R/Bal. 3 mm R/Bal. 6 mm
 L/Bal. 3 mm L/Bal. 6 mm
 D.O.A. 1/6/24 D.O.I. 12/6/2024
 Survey held at _____

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Des. of Damages: Front / Rear / O/S / N/S / UIC / Rooftop or
o/s body
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>13/6/24</u>	<u>PRJ</u> <u>10</u> <u>En repair con 88-10K</u>

Date/Time, File Pass to?

: Prell. Report
 : Final Report

Days Of Repair: 7

Resurvey No. of Trip: _____

Survey Fee:

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech Invs (\$)
 : Weekend (\$)

Transportation: _____
 S - RS. SI _____
 Fuel: _____
 Others: _____

Report Format :

Emp Sum / I.B.I: (\$)

TOTAL