ASS. REC. BY: Steve

REF:

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.

	N/S	O/S
	x	x

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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: SHB 2003Z **Yr Regn:** 29/12/23

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

Make: Hyundai Kona **c.c** 99 kw

Colour Yellow **A/C:** Insured / Std / NI / NA

Sp.Reading 76994 **T/Radio:** Insured / Std / NI / NA

Eng/No: _____

C/No: KMHHB811VRU037148

Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: **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.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	03/08/24	D.O.I.	06/08/24

Survey held at Comfortdelgro

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

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

Date / Time	Action / Instruction

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

1) _____

Date/Time, File Return to? ☐ : **Final Report**

2) _____

Report Format : _____

Lump Sum / LBL : (_____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:	
Transportation:	
___S + RS.___ SI	
Photos	
Others	
TOTAL	