REF:

COE June 2023

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)

N/S	O/S
O	

Remark: The veh had commenced its repair at the time of inspection.

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. SJG 787H Yr Regn: 2008 June

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

Make: Honda Stream c.c. 1799

Colour Grey A/C: Insured / Std / NI / NA

Sp.Reading 175231 T/Radio: Insured / Std / NI / NA

Eng/No: R18A12803580

C/No: JHMRN68408S203589

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/65R15

R: —"—

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

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

D.O.A. 23/06/2018 D.O.I. 26/06/2018

Survey held at Body Fix AMK

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

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

Date / Time	Action / Instruction
	AIG SLE 893X
20/07/18	Image L/S 2500/- with 4 days [illegible]
	Undercarriage items to explain if injured by AIG.
	(Rd = A 893.70 54%)

Date/Time, File Pass to? 1) ☐ : Preli. Report ☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Date/Time, File Return to? 2)

Add Fee: ☐ Site Insp ($ ☐ Interview ($ ☐ Tech. Invs ($ ☐ Weekend ($

Survey Fee:

Transportation

S + R$ ( )

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I: ($)