Ref:

ASSIGNMENT

COE March 2020

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:

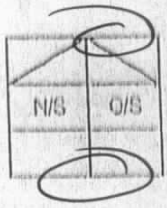
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 14 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: SHC 2221E Yr Regn: 2012, March

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

Make: Hyundai Sonata c.c. 1991

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

Sp.Reading 358420 T/Radio: Insured / Std / NI / NA

Eng/No: D4EAA897954

C/No: KMHET41VMCA821514

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Indicator / Jammed / Leaked / Burnt or

Brake: Indicator / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/60R16

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. 30/08/2018 D.O.I. 05/09/2018

Survey held at Chunni AMC

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

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

Date / Time	Action / Instruction
	EQ- GBB 6141C

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation

S+RS, SI

Photos

Others

Report Format :

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