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ASSIGNMENT

00E Oct 2024

From: _____ Date: _____
 Designated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop n/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.

Dat. or Market Value:

IDAC Accident Report: Consistent? Yes or No

GIA / PR Seen: Consistent? Yes or No

Est. Repairs: 6 days Res: Yes or No

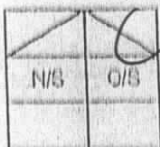
Lump Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / -24 HRS

Date: _____ Person Contacted: _____

Vehicle IN / OUT

Veh No: **SHA 1619 J** Yr Regn: **2016 / Oct**
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Hyundai I40** C.C. **1685**
 Colour: **Blue** A/C: Insured / Std / Nil / NA
 Sp. Bonding: **244186** T/Radio: Insured / Std / Nil / NA
 Eng No: **D4FDGU674820**
 C/P No: **KMHLB41UMHU095299**
 Gen. Cond: **Good** / Fair / Poor / Burnt
 Steering: **Ind** / Jammed / Leaked / Burnt or
 Brake: **Ind** / 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 **Hankook**

Front	Rear
R/Bal. S mm	R/Bal. S mm
L/Bal. S mm	L/Bal. S mm
D.O.A. 11/09/2018	D.O.I. 13/09/2018
Survey held at Chunmi AMK	

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

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

Date / Time	Action / Instruction
	II SH 6744 E

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation: **S + R5, SI**

Photos

Others

1)

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.C. (\$

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : Weekend (\$

