REF:

ASSIGNMENT

COE Oct 2024

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

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: 6 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: 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 / NI / NA

Sp.Reading: 244186 T/Radio: Insured / Std / NI / NA

Eng/No: D4FDGU674820

C/No: KMHLB41UMHU095299

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: 205/60R16

R: — " —

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

Front			Rear		
R/Bal.	5	mm	R/Bal.	5	mm
L/Bal.	5	mm	L/Bal.	5	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
	TII SH6744E

Date/Time, File Pass to?

[ ] : Preli. Report

1)

[ ] : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: [ ] : Site Insp ($) S + RS. SI

[ ] : Interview ($) Photos

[ ] : Tech. Invs ($) Others

[ ] : Weekend ($)

Report Format :

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