REF:

Chartered

ASSIGNMENT

COE July 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)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 7 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 7145J 1st Regn: 2016 July

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

Make: Hyundai I40 c.c: 1685

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

Sp.Reading: 262832 T/Radio: Insured / Std / NI / NA

Eng/No: D4FDGU661323

C/No: KMHLB41UMGU092456

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Intact / Jammed / Leaked / Burnt or

Brake: Intact / 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 Westlake

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

D.O.A. 24/03/2019 D.O.I. 26/03/2019

Survey held at Chunni AMK

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

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

Date / Time	Action / Instruction
	III SHC 8712R

Date/Time, File Pass to?

1)

Date/Time, File Return to?

1)

☐ : Prell. 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

( ) Other

( ) TOTAL

Report Format :

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