

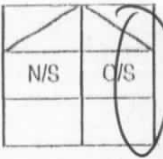
ASSIGNMENT

COE July 2022

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: _____

Veh No: **SHB 2951L** Yr Regn: **July 2014**
 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: **676918** T/Radio: **Insured / Std / NI / NA**
 Eng/No: **D4FDEU410277**
 C/No: **KMHLB41UMFU057854**
 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: **205/60 R16**
 R: **— 11 —**

(Policy Condition)
 Remark: **The veh had commenced its repair at the time of inspection.**



Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: **9** days Res.: Yes or No
 Lum Sum: **20** % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Wostlake**
 Front _____ Rear _____
 R/Bal. **5** mm R/Bal. **5** mm
 L/Bal. **5** mm L/Bal. **5** mm
 D.O.A. **28/06/2019** D.O.I. **28/06/2019**
 Survey held at **Chunni AMK**
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
0/8 Front y 0/3 Body y 0/2 Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TU SHD 4808E

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

Days Of Repair: _____
 Resurvey No. of Trip: _____

1) Date/Time, File Return to?
 2) _____

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

Survey Fee:	
Transportation:	
3 + RS, SI	
Photos	
Others	
TOTAL	

Report Format : _____
 Lump Sum / I.B.I. (\$) _____)