S. REC. BY: Adrian | REF:

ASSIGNMENT

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: days | Res.: Yes or No

Lum Sum: % | 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: | Person Contacted: | Vehicle: IN / OUT

Veh No: SJT5753D. Yr Regn: 2009 / oct.

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

Make: Hyundai Avante c.c 1591

Colour Silver. A/C: Insured / Std / NI / NA

Sp.Reading 189358. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHD041BMA489487I

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Norder / Jammed / Leaked / Burnt or

Brake: Norder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/60R15

R: 195/60R15.

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	28/08/19.

Survey held at MG. Solution.

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

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

Date / Time	Action / Instruction
	TP China COE Expiry : 30/04/24.
	MV : ~~26K~~ 19,000
	PV : ~~12.2K~~ 17,889
	Nett: ~~13.8K~~ . 1,111

Date/Time, File Pass to? | Date/Time, File Return to?

1) | 2)

3) | 4)

5) | 6)

Preli. Report:

Final Report:

Part Prices Check:

IN	OUT

Survey Fee: Date:

Basic & Add.

__ S + RS, __ SI

Photos

Others

TOTAL