REC. BY: | REF:

Adrian

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

al. or Market Value:

JAC Accident Rport: Consistent? : Yes or No

IA / PR Seen: Consistent? : Yes or No

st. Repairs: days Rec : Yes or No

m Sum: % 3 Val.: Yes or No

A / REV / REP. / 24 HRS

te: Person Contacted: Vehicle: IN / OUT

Veh No: SJP6780P Yr Regn: 2009, March

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

Make: Hyundai Avante c.c 1591

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

Sp.Reading 149386 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHDU41BRS472086.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/65R15

R: 185/65R15

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	13/12/19

Survey held at T and C

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

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

ate / Time	Action / Instruction
	TP Samp COE Expiry : 30/03/29.
	MV : 38k
	PV : 23.7k
	Nett: 14.3k.

ime, File Pass to?	Date/Time, File Return to?
	2)
	4)
	6)

eport:

eport:

Part Prices Check:

IN	OUT

Survey Fee: Date:

Basic & Add.

__S + RS, __SI

Photos

Others

TOTAL