ASS. REC. BY: Sun Pin | REF: CC6/CTI2000,7239/es3

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SML 4183 L Yr Regn: 18/05/2019

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

Make: Hyundai Avante 1.6 c.c 1,591

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

Sp.Reading 19316 T/Radio: Insured / Std / NI / NA

Eng/No: -

C/No: KMHD841CMK4919294

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205 / 55 R16

R: 205 / 55 R16

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 09/07/2020 D.O.I. 13/07/2020

Survey held at Automotive Repair.

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

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

Date / Time	Action / Instruction
	MV: 65,000
	PV: 43,439
	NV: 21,561

Date/Time, File Pass to? 1) ☐ : Prell. Report ☐ : Final Report

Date/Time, File Return to? 2)

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation: S + RS S

Photos

Others

TOTAL

Report Forms :

Lump Sum / I.E.I: ( )