

ASS. REC. BY:

REF:

ASSIGNMENT

CJB 2024 March

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. _____

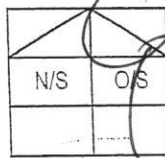
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 13 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHC 7042 Y Yr Regn: 2016 March

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

Truck / Trailer or

Make: Hyundai I40 c.c. 1685Colour: Yellow A/C: Insured / Std / NI / NASp.Reading: N.A. T/Radio: Insured / Std / NI / NAEng/No: D4FDDU395096C/No: KMHLB4UMGU085493

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 orTyre Size: F: 205/60 R16R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Hankook

Front

Rear

R/Bal. S mmR/Bal. S mmL/Bal. S mmL/Bal. S mmD.O.A. 03/07/2020D.O.I. 15/07/2020Survey held at Bijrest Sin Ming

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

Front o/s 7 o/s Rear 7 o/s Body

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

Date / Time Action / Instruction

First Capital SHA 1517 U

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format: _____

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

Add Fee:



: Site Insp (\$ _____)



: Interview (\$ _____)



: Tech. Invs (\$ _____)



: Weekend (\$ _____)