

ASSIGNMENT

COE 2027 Oct

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. _____

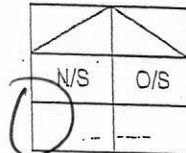
Claims No. _____

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 Report: _____ Consistent? : Yes or No

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

Est. Repairs: 6 days Res.: Yes or NoLum Sum: 71P % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 3379C Yr Regn: Oct / 2019Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai Ionig C.C. 1580Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 94123 T/Radio: Insured / Std / NI / NAEng/No: G4LEK4398203C/No: KMHC851CVL*U186870Gen. 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: 195/65 R15R: — " —

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

TOYO / YOKO or

Westlake

Front

Rear

R/Bal. S mmR/Bal. S mmL/Bal. S mmL/Bal. S mmD.O.A. 30/09/2020D.O.A. 02/10/2020

Survey held at

Bijoyast Sin Ming

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

N/S Rev

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

Date / Time Action / Instruction

China Teqiny GBF 3639H

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S+RS \$

Photos

Others

TOTAL

Report Format: _____

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

Add Fee:

☐

Site Insp (\$ _____)

☐

Interview (\$ _____)

☐

Tech. Invs (\$ _____)

☐

Weekend (\$ _____)