

ACIS. REC. BY:

Sten

REF:

TOLIA Main

CS/TMI20010875/Esd3

ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TH/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 Report:

Consistent? : Yes or No

SIA / 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:

SHR 2533K

Yr Regn:

6/8/22

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

Truck / Trailer or

Make:

Hyundai Tonig

c.c 1580

Colour:

P Yellow

A/C: Insured / Std / NI / NA

Sp. Reading

18265

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

M/C851CVLUT84415

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65 R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

8/10/22

D.O.I.

8/10/22

Survey held at

Comfide lgrs

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

Frt RH

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

Date / Time

Action / Instruction

STEVE CONFIRMED P/P \$ 3,484.40/3 DAYS WITH JUMANI
(\$ 1,491.68/RED - 30%)

Date/Time, File Pass to?

30/10/2020

1) TYPIST

Date/Time, File Return to?

☐

: Prell. Report

☒

: Final Report

Days Of Repair:

3

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Pop. Format:

Lump Sum 100% P/P \$ 3,484.40