ASS. REC. BY: Steve | REF: CS/AGI 20011945/Esd 3

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: SJT5465K Yr Regn: /

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

Make: Hyundai Avante c.c 1591

Colour Brown A/C: Insured / Std / NI /

Sp.Reading 226188 T/Radio: Insured / Std / NI /

Eng/No:

C/No: KMHDH41GMAU895648

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/50R15

R: "

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 m
L/Bal.	5 mm	L/Bal.	5 m
D.O.A.	27/10/20	D.O.I.	3/11/20

Survey held at Auburn Auto

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

The U/C / Chassis frame / Body Structure affected due to collisi

Date / Time	Action / Instruction
	No GIA report
	Pending Estimate

Date/Time, File Pass to?

( )

Date/Time, File Return to?

Prelt. Report

Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: Site Insp ($)

Interview ($)

Tech. Invs ($)

Weekend ($)

Survey Fee:

Transportation: S + RS SI

Photos

Others

TOTAL

Report Format :

Lump Sum / L.P.I: ( )