

ASSIGNMENT

COE April 2024

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: 11 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SH 6681C Yr Regn: 2016 / April
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai I40 C.C. 1685
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 778002 T/Radio: Insured / Std / NI / NA
 Eng/No: D4FDFU551088
 C/No: KMHLEB4UMGU087770
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 205/60 R16
 R: 11

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. 13/11/22

D.O.A. 17/11/22

Survey held at 20 Frost Sin Ming

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

Rear 4 Front o/s

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

Date / Time Action / Instruction

MSG GBB 1176K

To provide BV

20/05/22 John L/S 20,000 - into 11 days of rep

red:21,722.4;52%

41,722.40

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: 11

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

S+RS \$

Photos

Others

TOTAL

Report Format :

Lump Sum / L.B.: (\$ 20000)