Ed. TMI

ASSIGNMENT

Date

timated Cost

TP / WS / TP RES / OD RES / EVA / INV / MV

Inspect Vehicle No:

Workshop m/s Comfort Lagang

sured:

licy No.

aims No

m Insured: Excess

(Client's Record)

ake of Veh:

(Policy Condition)

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

N/S	O/S

al or Market Value:

DAC Accident Rport Consistent? Yes or No

SIA / PR Seen. Consistent? Yes or No

st. Repairs 4 days Res: Yes or No

um Sum: 20 % 3 Val Yes or No

CA / REV / REP. / 24 HRS

Vehicle IN / OUT

Date Person Contacted

SHD3439H 11 Aug 2016

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

Make Hyundai 140 1.7 cc 1685

Colour Blue A/C Insured / Std / NI / NA

Sp Reading T/Radio Insured / Std / NI / NA

Eng/No

C/No: KMHLB41GM.6409328

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: "

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

Front		Rear	
R/Bal	6 mm	R/Bal	6 mm
L/Bal	6 mm	L/Bal	6 mm
D.O.A		D.O.I	01-02-21

Survey held at W/S 4:30pm

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

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

Date / Time	Action / Instruction

Date/Time File Pass to: ☐ : Preli. Report

☐ : Final Report

Date/Time File Return to:

Days Of Repair:

Resurvey No. of Trip:

Adrl Fee: ☐ Site Insp. (S

☐ Interview (S

Survey Fee:

Transportation