

INC
ASSIGNMENT

Estimated Cost

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

Inspect Vehicle No.

Workshop m/s

comfort layout

Insured

Policy No.

Claims No

MT/1119553-002

Insured

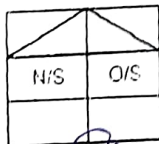
Excess

(Client's Record)

Make of Veh:

(Policy Condition)

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



Actual or Market Value:

DAC: Accident Report

Consistent? : Yes or No

SIA / PR Seen.

Consistent? : Yes or No

Est. Repairs

8

days

Res: Yes or No

Win Sum.

20

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date

Person Contacted

Vehicle: IN / OUT

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

Truck / Trailer or

Make

Hyundai

Colour

Blue

Sp Reading

691979

Eng/No

C/No

Gen Cond Good / Fair / Poor / Burnt

Steering In order / Jammed / Leaked / Burnt or

Brake In order / Jammed / Leaked / Burnt or

Mod: Nil / SIRim / STD A/Rim or

Tyre Size

F:

R:

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

Front

R/Bal

L/Bal

D.O.A

Survey held at

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

Submit LS \$8950, 8 days (Red \$4757.13, 35%)

Date/Time: File Passed



Preli. Report

06/01 Typist



Final Report

Date/Time: File Return

Days Of Repair: 8

Resurvey No. of Trip: 1

Addl Fee:



Site Insp: \$



Interview: \$



F. Insp: \$



F. Insp: \$



F. Insp: \$

Survey Fee:

Transportation

F. Insp: \$

F. Insp: \$

F. Insp: \$

F. Insp: \$

F. Insp: \$

TP

LS \$8950