NS/INC21001603/Gqd3

INC

ASSIGNMENT

Date: 04 Mar 2016

Estimated Cost:

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

Inspect Vehicle No.

Workshop m/s: comfort layang

Insured:

Policy No.

Claims No: MT/1119553-002

Claim 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

Total or Market Value:

DAC Accident Rport: Consistent? Yes or No

SIA / PR Seen: Consistent? Yes or No

Est. Repairs: 8 days Res: Yes or No

Claim Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHC 8815C

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

Make: Hyundai i40 1.7 cc 1685

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

Sp Reading: 691979 T/Radio: Insured / Std / NI / NA

Engine No:

Chassis No: KMHLB41UM.GU085453

Gen Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: 91

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

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 4pm

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 Pass to: 06/01 Typist

Date/Time File Return to:

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 8

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add'l Fee: ☐ Site Insp: ($

☐ Interview: (%

☐

TP

LS $8950