

ASSIGNMENT

Estimated Cost
 (TP/WS/TP RES/OD RES/EVA/INV/MV)

Inspect Vehicle No
 Workshop n/s **Comfort loyang**

Insured SLL 9528E

Policy No ML000128

Claims No M2100750

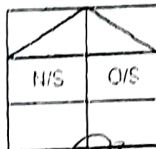
Insured Excess

(Client's Record)

Make of Veh:

(Policy Condition)

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



Actual or Market Value:

JAC: Accident Report

Consistent? Yes or No

IA / PR Seen.

Consistent? Yes or No

Est Repairs

2

days

Res: Yes or No

Un Sum.

72

%

3 Val Yes or No

CA / REV / REP. / 24 HRS

Vehicle IN / OUT

Date

Person Contacted

SH 4301M 03 sep 2018
 Type: M Car / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make

Hyundai 10N1Q

A/C Insured / Std / NI / NA

Colour

Blue

T/Radio Insured / Std / NI / NA

Sp Reading

405313

Eng/No

C/No

KMH C85 / CVK 4107274

Gen Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size

F:

R:

195/65 R15

BS / DUH / 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 9/2/21

D.O.I

10-02-21

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

5/4/21

Final fig \$1806.52 confirmed (Red 179.60,9%)

Date/Time File Pass to:



: Preli. Report

1)



: Final Report

Date/Time File Return to:

5/4/21-Typist

Days Of Repair: 2

Resurvey No. of Trip: 2

Survey Fee:

Transportation

And Fee:



Site Insp: \$



Interview: \$



File Insp: \$



File Insp: \$

Merimen

\$1806.52