

Sun Pin

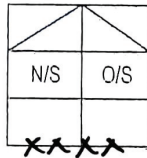
CS-/ASM2100242/Qtf3.

ASSIGNMENT

From _____ Date: _____
 Estimated Cost: _____
QD / TP / WS / TP RES / QD 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: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **SKH 484L** Yr Regn: **25/01/2010**
 Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Hyundai Avante.** C.C. **1591**
 Colour: **White.** A/C: Insured / Std / NI / NA
 Sp. Reading: **485715** T/Radio: Insured / Std / NI / NA
 Eng/No: **-**
 C/No: **KMHBU41BM A4 933 298**
 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: **185 / 65 R15**
 R: **185 / 65 R15**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

KumHo

Front	Rear
R/Bal. 6 mm	R/Bal. 6 mm
L/Bal. 6 mm	L/Bal. 6 mm
D.O.A. -	D.O.I. 18/02/2024

Survey held at

EM. Motor

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

*** Pending Workshop send GIA**

MV : 24,000

finalize amount \$2,200. Repair day 4 days.

PV : 12,529

red: 6654.61; 75%

Nett : 11,471

Date/Time. File Pass to?



: Preli. Report

: Final Report

1)

Date/Time. File Return to?

2)

Days Of Repair: **4**

Resurvey No. of Trip:

And Fee:



: Site Insp (\$

: Interview (\$

: Tech. Insp (\$

: Workshop (\$

Survey Fee:

Transportation

1) **3 + PS** \$1

2) Floor

3) Other

Report Format:

Emp. Sum / U/C: **1/s 2200**

D. 3.1