[illegible] Sun Pin | CS./ASM2100242/Qtf3.

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD 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.

N/S	O/S
xx	xx

Bal. or Market Value:

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKH 4984L 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: 485115 T/Radio: Insured / Std / NI / NA

Eng/No: –

C/No: KMHDU41BMA4933298

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. 18/02/2021

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?

1) ☐ : Preli. Report

☐ : Final Report

Date/Time. File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($

☐ : Interview ($

☐ : Tech. Ins. ($

☐ : [illegible] ($

Survey Fee:

Transportation:

$ + P.S. $

Photos

Other.

Total

Report Format:

[illegible]: l/s 2200