ASS. REG. BY. BQ. NS/ INC 21002482/Gvf3

ASSIGNMENT

From. Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Comfort Tayarl

of

Insured: FBQ 8174R

Policy No.

Claims No. MT/1123778-002

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

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHA8238D Yr Regn: 12 Nov 2015

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

Make: Hyundai i40 1.7 c.c 1685

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

Sp.Reading 454278 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHLB41UMGU079850

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: "

BS / DUN / 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. 20/2/21 D.O.I. 22-02-21

Survey held at w/s 3:30pm

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Rear N/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
23/3/21	LS $1700 confirmed by email (Red 2238.61,56%)

Date/Time, File Pass to? [ ] : Preli. Report

1) [ ] : Final Report

Date/Time, File Return to?

2) 23/3/21-Typist

Report Format: TP

Lump Sum / Update: LS $1700

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Insp ($)

[ ] : Waiting ($)

Survey Fee:

Transportation:

___$ + RS.___$)

Photos

Other

Total