

ASS. BY:

REF:

CC4/ASM 21005366/Dp⁸³

ASSIGNMENT

From: _____ Date: _____

Estimate Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured _____

Policy No. _____

Claim No. _____

Sum Insured: _____

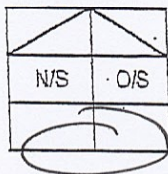
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. of Market Value: _____

IDAC Accident Report _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or NoLump Sum: PIP % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMH 39168Yr Regn: Jan / 2019Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Hyundai Avante c.c. 1591Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 19263 T/Radio: Insured / Std / NI / NAEng/No: G4FGJU079368C/No: KMH D841C MKU850657Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt or _____Brake: In order / Jammed / Leaked / Burnt or _____Modi: Nil / S/Rim / STD A/Rim or _____Tyre Size: F: 195/65 R15R: — 11 —

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

TOYO / YOKO or Nexen

Front

Rear

R/Bal. 5 mmR/Bal. 8 mmL/Bal. 5 mmL/Bal. 5 mmD.O.A. 29/04/2021D.O.A. 04/05/2021Survey held at JWG AMKDes. 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
	<u>AXA SHD 44381</u>
	<u>MV 65K</u>
	<u>LIA 16K</u>
	<u>HL 49K</u>
	<u>Independent case.</u>
	<u>Rpm age \$ 1.5K to 2K</u>

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

S + RS. \$ _____

☐ : Interview (\$ _____)

Photos

☐ : Tech. Invs (\$ _____)

Others

☐ : Weekend (\$ _____)

Report Format: _____

Lump Sum / I.B.F. (\$ _____)