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: **GBG 7540B**

Policy No. _____

Claims No. **MT/1134365-002**

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
	LHS	RHS

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: **3** 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: **SHA 9369C** Yr Regn: **24 NOV 2016**

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

Make: **HYUNDAI I40** (c.c) **1,685**

Colour: **YELLOW** A/C: (Insured) / Std / NI / NA

Sp.Reading: **660,648** T/Radio: (Insured) / Std / NI / NA

Eng/No: _____

C/No: **KMHLB41UMHU097137**

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 60 R16**
R: ''

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI → tyr
TOYO / YOKO or **WESTLAKE(F), HANKOOK(R)** bran

Front		Rear	
R/Bal. **5** mm		R/Bal. **5** mm	
L/Bal. **5** mm		L/Bal. **5** mm	

D.O.A. **8/6/2021** D.O.I. **9/6/2021**

Survey held at **CDGE LOYANG**

Des. of Damages : Frt / Rear / (O/S) / N/S / U/C / Rooftop or
FRONT OFFSIDE NEARSIDE

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

INCL/S

Date / Time	Action / Instruction
16/6/21	LS $3000 confirmed by email (Red 4338.40, 59%)

Date/Time, File Pass to? ☐ : Prell. Report

1) _____ ☐ : Final Report
Date/Time, File Return to?

2) **17/6/21-Typist**

Report Format : **TP**

Lump Sum / I.B.I: ($ **LS 3000**)

Days Of Repair: **3**

Resurvey No. of Trip: **1**

Add Fee: ☐ : Site Insp ($ ___)
☐ : Interview ($ ___)
☐ : Tech. Invs ($ ___)
☐ : Weekend ($ ___)

Survey Fee:

Transportation:
___ S + RS ___ SI
Photos
Others

TOTAL