ASS. REC. BY: Steve | REF: CS/GTI 21998271/C Evc

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: YQ 976Z

Policy No. DMCVSNW00068922000

Claims No. SNM21D204130/C02/THAMYL

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: 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: SLQ8769G Yr Regn: 16/2/12

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

Make: Hyundai Elantra c.c 1591

Colour: Silver A/C: Insured / Std / Nil / N

Sp.Reading: N/A T/Radio: Insured / Std / Nil / N

Eng/No:

C/No: KMHDH41CMCU423563

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Locked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/55R16

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Pirelli

	Front		Rear
R/Bal.	4 mm	R/Bal.	4 mm
L/Bal.	4 mm	L/Bal.	4 mm
D.O.A.	11/7/21	D.O.I.	6/8/21

Survey held at Auburn

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
	MV - 15K
	LV - 9853
	NV - 5147
10/8/21	Submit uneconomical Total Loss MV:$15,000 (est) LTA:$9853 NV:$5147.00 LS $7250

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

: Final Report

Date/Time, File Return to?

10/8/21-Typist

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp ($)

: Interview ($)

: Tech. Inve ($)

: Weekend ($)

Survey Fee:

Transportation:

__S + RS__SI

Photos

Others

TOTAL

Forward:

Lump Sum / L.P.I.: