ASE BY: REF: CC4/III 21009804/Dga3

ASSIGNMENT

COE March 2024

From: Date:

Estim Cost

CD / FEE / WS / TP RES / DD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

at

Insured

Policy No.

Claim no.

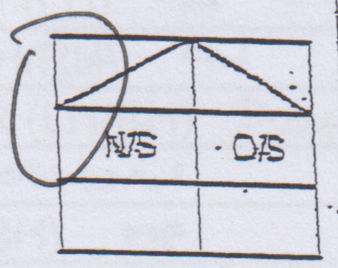
Sum Insured: Excess:

(Check Record)

Make Clear:

(Policy Condition)

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



Bal or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 7 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Veh No.: SH 8330C Yr Regn: March 2016

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

Make: Hyundai I40 cc 1685

Colour Blue A/C: Insured / Std / R / NA

Sp.Reading 568503 T/Radio: Insured / Std / R / NA

Eng/No.: D4FDFU596810

C/No.: KMHLB41UPMGU085511

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Broken / Jammed / Leaked / Burnt or

Brake: Broken / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60 R16

R: " "

BS / DUN / EXNOVA / GY / FS / LEA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Westlake

Front		Rear	
R/Bal	S mm	R/Bal	S mm
L/Bal	S mm	L/Bal	S mm

D.O.A 14/09/2021 D.O.I 21/09/2021

Survey held at Bintrust Sin Ming

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

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

Date / Time	Action / Instruction
	III SHD 2986B
04/05/22	Inspected N/S Body - with 7 days.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Prel. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

Survey Fee:

Transportation:

$ + RS $