

REF: CCG/CTI21011400/Dga<sup>3</sup>

ASS. REC. BY:

**ASSIGNMENT**

OE July 2027

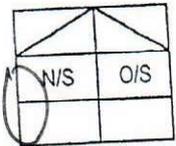
From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 Claims No. \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: SHB 4598 K Yr Regn: July 2019  
 Type: M.Car / M.Cycle / Bus / Van / Lorry /  Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Hyundai Lonig c.c. 1580  
 Colour: Yellow A/C: Insured / Std / NI / NA  
 Sp. Reading: 220789 T/Radio: Insured / Std / NI / NA  
 Eng/No: G4LEK U298675  
 C/No: KMHC851CVK U164846  
 Gen. Cond:  Good / Fair / Poor / Burnt  
 Steering:  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 R15  
 R: ---  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Wastlake  

Front	Rear
R/Bal. <u>5</u> mm	R/Bal. <u>5</u> mm
L/Bal. <u>5</u> mm	L/Bal. <u>5</u> mm
D.O.A. <u>07/11/22</u>	D.O.I. <u>09/11/22</u>

 Survey held at Bijrest sin Mng  
 Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or  
H/S Body 4 H/S R  
 The UIC / Chassis frame / Body Structure affected due to collision.

(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 8 days Res.: Yes or No  
 Lum Sum: 10 % 30 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Date / Time	Action / Instruction
	<u>China Triping GW8150T</u>
<u>30/05/2022</u>	<u>Prer 2/S 13,200/- with 8 days of rev</u>

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

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_

1) \_\_\_\_\_  
 Date/Time, File Return to?  
 2) \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech. Invs (\$ \_\_\_\_\_)  
 : Weekend (\$ \_\_\_\_\_)

Survey Fee:	
Transportation:	
\$ + RS. \$	
Photos	
Others	
TOTAL	

Rep. Form: \_\_\_\_\_  
 Lump Sum / LB: \_\_\_\_\_