REC'D / FILE BY: GQ | REF: CS/TMI21012183/Gvf3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s COMFORT

of

Insured: GBE 2806D

Policy No. MT106848

Claims No. M2105537

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: 2 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: SHC2908H Yr Regn: 14 May 2019

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

Make: HYUNDAI / AE IONIQ c.c 1580

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

Sp.Reading 391376 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHC851CVKU146354 *

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: 195/65R15

R: 195/65R15

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 30/11/21 D.O.I. 30-11-2021

Survey held at W/S 4:30PM

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

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

Date / Time	Action / Instruction
22/12/21	Final fig $982.28 confirmed by email (Red 1423.36, 59%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 22/12/21-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation: S + RS. SI

Photos

Other:

TOTAL

Report Format : Merimen

Lump Sum / UPD : $982.28