ASSIGNED BY: GQ   REF: NS/INC21012229/Gvc

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV (TP circled)

To Inspect Vehicle No:

at Workshop m/s COMFORTDELGRO

of

Insured: FBM 1176C

Policy No.

Claims No. MT/1153261-001

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: SH9220E Yr Regn: 13 Oct/2016

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

Make: HYUNDAI / I40 1.7 c.c 1685

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

Sp.Reading: 694958 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHLB41UMGU093770*

Gen. Cond: Good / Fair / Poor / Burnt (Good circled)

Steering: inorder / Jammed / Leaked / Burnt or (inorder circled)

Brake: inorder / Jammed / Leaked / Burnt or (inorder circled)

Modi: Nil / S/Rim / STD A/Rim or (Nil circled)

Tyre Size: F: 205/60R16

R: 205/60R16

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.	01-12-2021

Survey held at W/S 12PM

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

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

Date / Time	Action / Instruction
27/12/21	Final fig $670 confirmed by email (Red 1050.50, 61%)

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

1) ☐ : Final Report

Date/Time, File Return to?

2) 27/12/21-typist

Report Format: TP

~~Lump Sum~~ / LPB: $670

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	