

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 QD ☒ TP ☐ N/S ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV

To Inspect Vehicle No: _____
 at Workshop m/s COMFORTDELGRO

of _____
 Insured: FBM 1176C

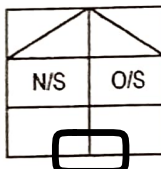
Policy No: _____
 Claims No. MT/1153261-001

Sum Insured: _____ Excess: _____
 (Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SH9220E Yr Regn: 13 Oct/2016

Type: M.Car / M.Cycle / Bus / Van / Lorry ☒ Taxi / Prime Mover /

Truck / Trailer or

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

Steering: ☒ norder ☐ Jammed / Leaked / Burnt or

Brake: ☒ norder ☐ Jammed / Leaked / Burnt or

Modi: ☒ Nil ☐ S/Rim / STD A/Rim or

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 / ☒ Rea ☐ O/S ☐ N/S ☐ U/C ☐ Rooftop or

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 Filed: TP

Final Sum / LPA: \$670

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : A/Sel end (\$

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Other:

TOTAL