Rec. By: Thivan | Ref: CC4/AI0260267/PS3

ASSIGNMENT

From: Date:

Estimated Cost:

QD / 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:

(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

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SJC3496Y ✓ Yr Regn: 94/7/19

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

Truck / Trailer or

Make: Hyundai Lantra c.c 1580

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

Sp.Reading 342150 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHC851CVNU664831

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: 195/65 R15

R: 195/65 R15

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	11/12/21	D.O.I.	14/12/21 1645

Survey held at CDGE

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

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

Date / Time	Action / Instruction
	NO GIA given

Date/Time File Pass to? : Prell. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Date/Time File Return to?

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

Survey Fee:

Transportation: $ + RS. SI

Photos

Others

TOTAL