ASS. REC. BY: Tan Yin

REF: CC4/AIG 21013183/T.953.

ASSIGNMENT

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: _____

(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. Repair: _____ days Res.: Yes or No

Lump Sum: _____ % S Veh: Yes or No

OA / REV / REP. / 24 HRS WP

Vehicle: IN / OUT

Date: _____ Person Contacted: LimTS

Veh No: SHB6353L Yr Regn: 2019 April

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

Make: Hyundai Lantra CC 1580.

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

Sp.Reading 264025 T/Radio: Insured / Std / NI / NA

Eng/No: KMHCS51CUKU146269.

Chs/No.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: NB / IS Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	27/12/21

Survey held at Cuport Loyang

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Boot/Hop or O/S Frt.

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

Date / Time	Action / Instruction

Date/Time, File Fees to? ☐ : Prelm. Report

1) _____ ☐ : Final Report

Date/Time, File Return to?

2) _____

Repair Funded ? _____

Lump Sum / LOA (?) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Veh Ctm ($ _____)

Survey Fee:

Transportation: _____ @ x RS ____ SI

Photos

Others

TOTAL