ASS. REC. BY: GQ | REF: CS/SMR22001129/Gqf3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s VIN'S MOTOR

of

Insured:

Policy No.

Claims No. TAX/02/22/2005

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S | O/S

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

Bal. or Market Value: $61k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 6 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: SLW2597T Yr Regn: 05 Feb 2018

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

Make: HYUNDAI ELANTRA c.c 1591

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

Sp.Reading: 83470 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHD841CMJU628405 *

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: //

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / 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.	08-02-2022	

Survey held at W/S 2PM

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
	Guo Qiang finalised final fig $6010.16, 6 days. (Red $2224, 27%)

Date/Time, File Pass to?

1) 22/07 Typist

☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to?

2)

Report Format: TP

~~Lump Sum~~ / LEB: 6016.16

Days Of Repair: 6

Resurvey No. of Trip: 3

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

Survey Fee:	
Transportation:	
__S + RS.__SI	
Photos	
Others:	
TOTAL	