

ASS. REC. BY:

REF:

CS/TP22001583/Aqy3

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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

9

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:

SLC9761U.

Yr Regn:

2016/May.

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

Truck / Trailer or

Make:

Hyundai Elantra

c.c

1591

Colour

Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

W2090

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMHD841CMH4195164

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: ☒ In order / Jammed / Leaked / Burnt or

Brake: ☒ In order / Jammed / Leaked / Burnt or

Modi: Nil / ☒ S/Rim / STD A/Rim or

Tyre Size:

F:

195/65R15

R:

195/65R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Nexen

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

11/02/22

Survey held at

People

Des. of Damages: ☒ Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Indep. Independent

LS \$16650, 9 days. (Red \$6488.20, 28%)

MV:

PV: 29.7K.

Nett.

Date/Time, File Pass to?



: Preli. Report

1) 24/02 Typist



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

9

Resurvey No. of Trip:

1

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (\$



: Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

13X15 = 195

170+

50

50

105

80

650

Report Form:

TP

Lump Sum /

16650