

SUR assign.

CC4/III 22002804/Dga³

COE Aug 2029

ASSIGNMENT

8613

SHC 8631 T

Regd. 2021 Aug

(Taxi) Prime Mover /

Estimated Cost:

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

Inspect Vehicle No:

Workshop m/s

Insured:

Policy No.

Claims No.

Insured:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Actual or Market Value:

JAC Accident Report:

SLA / PR Seen:

Est. Repairs:

Sum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted

Consistent? : Yes or No

Consistent? : Yes or No

Res.: Yes or No

3 Val.: Yes or No

Vehicle: IN / OUT

Vehicle

Type M.Car / M.Cycle / Bus / Van / Lorry

Truck / Trailer or

Make Hyundai Ioniq

Colour Blue

Sp Reading H.A.

Eng/No. G4LEKU415626

C/No. KMHC851CVLW191765

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Ins / 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

Front

R/Bal. S' mm

L/Bal. S' mm

D.O.A. 07/03/2022

Survey held at Bifrost Sin Ming

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

Rear 7 O/S Rear

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

Date / Time

Action / Instruction

PA 6668 P

4/5 10% COS no Second hand parts. New taxi. Repairs done

02/04/22 Incur 4/5 28,900/- with 12 days of repair

Date/Time, File Pass to

1)

Date/Time, File Return to

2)

☐

: Preli. Report

☐

: Final Report

Days Of Repair:

Resurvey No. of Trip:

And Fee:

☐
☐
☐
☐

Site Insp: \$

Interview: \$

Report: \$

Other: \$

Survey Fee:

Transportation

Food & Drink

Other

Total