

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s: **SME MOTOR**
 of _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: **TBA**
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

<input checked="" type="checkbox"/>	
N/S	O/S

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

Bal. or Market Value: **\$40k**
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: **4** days Res.: Yes or No
 Lum Sum: **20** % 3 Val.: Yes or No
 CA / **REV** / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: **SGR9909S** Yr Regn: **12 Sep/2011**
 Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **HYUNDAI / ELANTRA 1.6** c.c **1591**
 Colour: **White** A/C: **Insured / Std / NI / NA**
 Sp.Reading: **120763** T/Radio: **Insured / Std / NI / NA**
 Eng/No: _____
 C/No: **KMHDH41CMCU215681 ***
 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: **215/45R17**
 R: **//**
BS / DUN / EXNOVA / **GY** / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

<u>Front</u>	<u>Rear</u>
R/Bal. 6 mm	R/Bal. 6 mm
L/Bal. 6 mm	L/Bal. 6 mm
D.O.A. _____	D.O.I. 19-04-2022

 Survey held at **OFFICE** **2:30PM**
 Des. of Damages: **Frnt** / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Total Rebate Amount \$18,989
	COE Expiry Date 30 Jun 2026

Date/Time, File Pass to? : Preli. Report
 : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

1) Date/Time, File Return to?

2) _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Insp (\$ _____)
 : Wheel end (\$ _____)

Survey Fee:	
Transportation:	
3 + RS. SI	
Photos	
Other:	
TOTAL	

Report Filed: _____
 Long Copy / MP: _____