

NS/INC22003636/Gtc

ASSIGNMENT

From:

Date:

Estimated Cost:

OD ☒ TP ☒ / N/S / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s COMFORTDELGRO

of

Insured:

Policy No:

Claims No. MT/1175857-001

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: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SH8352P

Yr Regn: 12 May 2016

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

Truck / Trailer or

Make: HYUNDAI / I40 1.7 c.c 1685

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

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

Eng/No:

C/No: KMHLB41UMGU087926 *

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Jorder / Jammed / Leaked / Burnt orBrake: ☒ Jorder / Jammed / Leaked / Burnt orModi: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60R16

R: //

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

TOYO / YOKO or GITI

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. D.O.I. 18-04-2022

Survey held at W/S 3PM

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

N/S FRONT

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

Date / Time Action / Instruction

Confirmed COR \$2600 @ 4 days

RED: 2502;49%

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1) Date/Time, File Return to?

2)

Report Filed:

Long Cond / MPB:

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Insp (\$☐ : W/Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Other:

TOTAL