Ass. Filed By: GQ | Ref: NS/INC22003638/Gvc

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: GBB 5580A

Policy No.

Claims No. MT/1168991-003

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 Rport: 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: SHA9590D Yr Regn: 08 Dec/2016

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

Make: HYUNDAI / I40 1.7 c.c 1685

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

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

Eng/No:

C/No: KMHLB41UMHU097191 *

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: 205/60R16

R: //

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or WESTLAKE

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 14/4/2022 D.O.I. 18-04-2022

Survey held at W/S 4PM

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
25/4/22	Guo Qiang informed LS $4250 (red 4208.62, 49%)

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

1) ☐ : Final Report

Date/Time, File Return to?

2) 4/5/22-typist

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation:

___S + RS___SI

Photos

Other:

TOTAL

Report Format : TP

Lump Sum / UPD : LS $4250