

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 QD ☒ 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/1168979-002

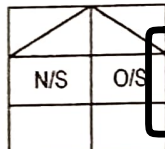
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC8595L Yr Regn: 17 Dec/2015

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: 907744 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41UMGU082967 *

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. 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

Guo Qiang finalised LS \$1450, 4 days. (Red \$6003.56, 80%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 10/06 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : W/Weekend (\$

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Other:

TOTAL

Report Final: TP

Lum Sum: 1450