

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/1170565-002

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: 2 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: SHC3316J

Yr Regn: 31 May/2019

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

Truck / Trailer or

Make: TOYOTA / PRIUS c.c 1798

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

Sp. Reading: 215122 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDKB3FU003081224 *

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

Tyre Size: F: 195/65R15

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. 04-05-2022

Survey held at W/S 11:30

Des. of Damages: Frt / ☒ Rea ☐ O/S / N/S / U/C / Rooftop or

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

Date / Time

Action / Instruction

GIA give later

Guo Qiang finalised LS \$1500, 2 days. (Red \$972.89, 39%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 08/06 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

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

S + RS. SI

Photos

Other:

TOTAL

Report Finalised: TP

Lump Sum: 1500