ASSIGNMENT

From:	Date:
Estimated Cost:	

OD / **TP** / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s   COMFORTDELGRO

of

Insured:

Policy No.

Claims No.   MT/1174844-002

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 Rport   Consistent? : **Yes** or No

GIA / PR Seen: Consistent? : **Yes** or No

Est. Repairs: 2   days   Res.: **Yes** or No

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

CA / REV / REP. / 24 HRS

Vehicle: **IN** / OUT

Date: Person Contacted:

Veh No: SHA5717H   Yr Regn: 14 Apr/2022

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   —   T/Radio: Insured / **Std** / NI / NA

Eng/No:

C/No: JTDKB3FU903093825   *

Gen. Cond **Good** / Fair / Poor / Burnt

Steering: **Inorder** / Jammed / Leaked / Burnt or

Brake: **Inorder** / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / **STD A/R**im or

Tyre Size: F: 195/65R15

R: //

N/S   O/S

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

TOYO / YOKO or

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm
D.O.A.			D.O.I.	01-06-2022	

Survey held at   W/S   4PM

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

O/S FRONT

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

Date / Time	Action / Instruction
	GIA give later
	Guo Qiang finalised final fig $1534.83, 2 days (Red $4959.14, 76%)

Date/Time, File Pass to?   ☐ : Preli. Report   Days Of Repair: 2

1)   ☐ : Final Report   Resurvey No. of Trip: 1   Survey Fee:

Date/Time, File Return to?   Transportation:

2)   Add Fee: ☐ : Site Insp ($_____)   ___S + RS.___SI

☐ : Interview ($_____)   Photos

☐ : Tech. Invs ($_____)   Other:

☐ : Weekend ($_____)

Report Finalised: TP

Estimated From Repairer: 1534.83