

(08/11/13)

web

ASS. REC. BY: [Signature]

REF:

CS/TM122006351/Rcy3

8394

ASSIGNMENT

From:

Date:

Estimated Cost:

Veh No:

SHC 3324

Yr Regn:

2019 / NOV

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

Truck / Trailer or

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

To Inspect Vehicle No:

SHC 3324

at Workshop m/s

Compass Motor

of

S2, Coyne rd

Insured:

TM1

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

Make:

HYUNDAI IONIQ 1.6 DCT c.c 1580

Colour

yellow

A/C:

Insured / Std / NI / NA

Sp. Reading

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMHC851CVLU183135

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: NR / S/Rim / STD A/Rim or

Tyre Size:

F:

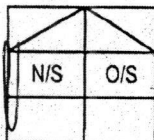
P5/BSTRUS

R:

ac

(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:

days

Res.:

Yes or No

Lum Sum:

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Front

R/Bal.

6

mm

Rear

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

02/07/22

D.O.I.

04/07/22

Survey held at

Compass

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

12/7

Finalise final sig \$2,543.12; 5 days (Red. 3690.80, 59.2)

Date/Time, File Pass to?



Prell. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

5

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

) S + RS. SI

) Photos

) Others

Report Format :

TP

Lump Sum / (B.): (\$ 2,543.12)

