

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 QD ☒ TP ☒ / S / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____
 at Workshop m/s COMFORTDELGRO
 of _____

Insured: _____

Policy No: _____

Claims No. MT/1190810-001

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: 1 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: SHA2796Z Yr Regn: 12 May/2016

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: — T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41UMGU090145 *

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: ☒ Jammed / Leaked / Burnt or

Brake: ☒ Jammed / Leaked / Burnt or

Modi: ☒ 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

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. D.O.I. 02-08-2022

Survey held at W/S 4:30PM

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

27/09/22 Guo Qiang confirmed lump sum: \$650 and 1 days

(red, 266, 29%)

Date/Time, File Pass to?

☐

: Preli. Report

1) 30/09/22

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 1

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : W/Weekend (\$

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Other:

TOTAL

Report Fee:

Lump Sum / MPB: 650