

(08/11/22)

ASS. REC. BY: TherumREF: NtucNS/INC77007994/19C**ASSIGNMENT**

From: _____

Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

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 Report: _____ Consistent? : Yes or No

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

Est. Repairs: 4 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHA3457XYr Regn: 711 / 16Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: HyundaiC.C. 16845Colour: blue

A/C: Insured / Std / NI / NA

Sp. Reading: 866941

T/Radio: Insured / Std / NI / NA

Eng/No: KMHLBULUM6U083028

C/No: _____

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60R16R: 205/60R16BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Westlake

Front

Rear

R/Bal. 5 mmR/Bal. 5 mmL/Bal. 5 mmL/Bal. 5 mmD.O.A. 3/6/22D.O.I. 6/6/22Survey held at CDGRDes. 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

lump sum: \$4650 and 4 days
(red, \$1530.78, 25%)

Date/Time, File Pass to?

1) 26/08/22

Date/Time, File Return to?

2) _____

Report Format : _____

Lump Sum / I.B.I: (\$ 4650)

Days Of Repair: 4Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL