

ASS. REC. BY: thuan

REF: ntac

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: _____

N/S	O/S

(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: 3 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: SHC8624L Yr Regn: 13/9/18
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai iony c.c. 1586
 Colour: blue A/C: Insured / Std / NI / NA
 Sp. Reading: 52267 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: kmHC8S/CUKU107553
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil S/Rim / STD A/Rim or _____
 Tyre Size: F: 195/65R15
 R: 195/65R15
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or westlake
 Front R/Bal. 5 mm
 L/Bal. 5 mm
 D.O.A. 1/6/22
 Survey held at CDGE
 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
24/08/2022	Finalise L/S \$4,000.00; 3 Days (Red \$1,666.98/ 29%)

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to? _____
 2) _____
 Report Format : _____
 Lump Sum / I.B.I: (\$ _____)

Days Of Repair: _____
 Resurvey No. of Trip: _____
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)
 Survey Fee: _____
 Transportation: _____ \$ + RS. _____ \$
 Photos _____
 Others _____
 TOTAL _____