ASS. Rec. By: GQ REF: NS/INC22008192/Gvc

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / W/S / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s COMFORTDELGRO

of

Insured: FBG 8419M

Policy No.

Claims No. MT/1185320-002

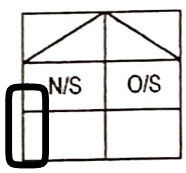
Sum Insured: Excess:

(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: 4 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: SHC8339K Yr Regn: 30 Sep 2020

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: JTDKB3FU303091455 *

Gen. Cond Good / Fair / Poor / Burnt

Steering: norder / Jammed / Leaked / Burnt or

Brake: norder / 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 WESTLAKE

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 20/8/2022 D.O.I. 22-08-2022

Survey held at W/S 3PM

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

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

Date / Time	Action / Instruction
14/10/22	Guo Qiang informed LS $2550 (Red 1914.65, 42%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 19/10/22-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Weekend ($)

Survey Fee:

Transportation: ___$ + RS.___St

Photos

Others

TOTAL

Report Format: TP

Lump Sum / UPD: LS $2550