ASSIGNMENT

From: **Date:**

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s   COMFORTDELGRO

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.

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

     Vehicle: **IN / OUT**

Date: Person Contacted:

Veh No: SHA1313R   **Yr Regn:** 18 Aug/2022

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   1430   **T/Radio:** Insured / Std / NI / NA

Eng/No:

C/No: JTDKB3FU203096954   *

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: //

N/S	O/S

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.			D.O.I.	26-08-2022	
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

12/12/2022 Finalise P/P $2,283.22 @ 04 days (Red $1,228.01/ 35%)

Date/Time, File Pass to?
1)
Date/Time, File Return to?
2)

☐ : **Preli. Report**
☐ : **Final Report**

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)
☐ : Interview ($)
☐ : Tech. Invs ($)
☐ : Weekend ($)

Survey Fee:
Transportation:
S + RS. SI
Photos
Others

Report Finalised:
Lump Sum / H.P. ...