ASS. REC. BY: GQ REF: CS/TMI22008487/Gvy3

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: SMF 7397Z

Policy No: MR005796

Claims No. M2204713

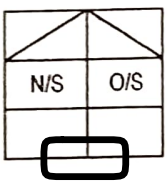
Sum Insured: Excess:

(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: 2 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: SHA5759L Yr Regn: 28 Jul/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 10807 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDKB3FU303096798 *

Gen. Cond Good / Fair / Poor / Burnt

Steering: norden / Jammed / Leaked / Burnt or

Brake: norden / 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. 30/8/2022 D.O.I. 31-08-2022

Survey held at W/S 3PM

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
15/9/22	Guo Qiang informed final fig $1646 (Red 434.99, 20%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 16/9/22-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Weekend ($)

Survey Fee:

Transportation: ___S + RS.___SI

Photos

Others

TOTAL

Prepared By: Merimen

Lump Sum / U.P.: $1646