

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

SFL3121E

at Workshop m/s

Galaxy Autocare 01-23

of

Insured:

613J87834

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:

\$19k.

IDAC Accident Rpt:

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:

6131

Veh No:

SFL3121E

Yr Regn:

21/10/09

Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

CAI Hybrid

Make:

Hyundai Civic IMA C.C 1339

Colour:

Silver

A/C: Insured / Std / NI / NA

Sp. Reading

204027

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JHMF036209S206197

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

affected

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Brim / STD A/Rim or

Tyre Size:

F: 195/65-15
R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Maximum

Front

6

Rear

6

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

14/10/22

D.O.I.

18/10/22

Survey held at

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

O/S RM, O/S Body &

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

Date / Time

Action / Instruction

02/10/22

02/10/22

25/10/22 4/5 & 5600 internet Alex (Red. 9874. 64%)

Date/Time, File Pass to?

: Preli. Report

1) 26/10/22

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: 2

Add Fee:

: Site Insp (\$

: Interview (\$

: Tech. Invs (\$

: Weekend (\$

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

TOTAL

(5 x 25)

250 + 125

60

80 + 80

113

708

- 128 (less: Discount)

580

03/10/22