

AES REC 3BY: Touffin

REF. es3 / CT122006248 / Try 3-1

ASSIGNMENT

2024 April

From: _____ Date: _____

Estimated Cost: _____

OD / TP / VS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SJM 1751Y

Policy No. DMHCSNW00015212101

Claims No. SNM22D204534/C02

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: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ 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: SJG 9279X Yr Regn: 2009, May

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

Truck / Trailer or _____

Make: Hyundai Avante C.C. 1591

Colour: Meru A/C: Insured / Std / NI / NA

Sp. Reading: _____ T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHOU 4(BR94761093)

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: 205/55R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Roadstone

Front: _____ Rear: _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 29/6/2022 D.O.I. 31/10/22

Survey held at Eco

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
7/11/22	Submit LS \$7500 (red 2900, 27%)

Date/Time, File Pass to? : Prel. Report

1) : Final Report

Date/Time, File Return to? 2) 7/11/22-typist

Days Of Repair: 10

Resurvey No. of Trip: _____

Survey Fee:	
Transportation:	
\$ + RS. \$	
Photos	
Others	

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. invs (\$ _____)

Report Format: TP res