ASS. REC. BY: REF: CC4/TH 22011006/Dp2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ _____

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 10 8 days Res.: Yes or No

Lum Sum: 10 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHA 2050S Hyundai Yr Regn: COE Aug 2028 Aug / 2020

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Hyundai Ioniq c.c 1580

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

Sp.Reading 126487 T/Radio: Insured / Std / NI / NA

Eng/No: G4LEKU403477

C/No: KMHC851CVLU188432

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 2 195/65 R 15

R: " "

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm

D.O.A. 02/11/2022 D.O.I. 04/11/2022

Survey held at Bright Sun Motor

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

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

Date / Time	Action / Instruction
	TH SMT 1891D
14/3/23	Insured $ 21,400/- with 10 days of rep

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. Insp ($ _____)

Survey Fee:

Transportation: ___$ + RS___SI

Photos

Others

Report Format : _____