

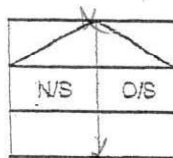
REC-BY: Tau

REF:

NS/INC 23001518/twp3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / VS / 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.

Bal. or Market Value: _____
 (DAC Accident Report) Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 6 days Res.: Yes or No
 Turn Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS WP
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SM 7343Y Yr Regt: 2019 Oct
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Hyundai long C.C. 1580
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 567122 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KHMC851CVL4/88 640
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modl: NH / S/Rim / STD A/Rim or
 Tyre Size: F: 195/65R15
 R: ~ ~
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YDKO, or Washake
 Front Rear
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.L. 6/2/23
 Survey held at Comfort buying
 Des. of Damages FR / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

18/04/2023 Finalize at LS \$ 16,300.00 & 06 repair days. (Red \$9,015.45/36%)

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

Days Of Repair: 6
 Resurvey No. of Trip: _____

1) typist
 Date/Time, File Return to?
 2) _____

Add Fee: ☐ : one trip (\$)
☐ : Interview (\$)
☐ : Tech. (\$)
☐ : Wash (\$)

Survey Fee:	
Transportation:	
S + RS \$:	

Repair Format: TP
 Lump Sum: L/S \$16,300