S. REC BY: Tan Jun | REF: CT.1

ASSIGNMENT

From: _____ Date: _____

Estimated Cost _____

OD / TP / W/S / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Recon)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
	X

Bal. or Market Value: _____

IDA.C Accident Rport _____ 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: Ms Lohe

Vehicle: IN / OUT

Veh No: SHC2963Y Yr Regn: 2019 / March

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

Make: Hyundai Lantra C.C 1580

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

Sp.Reading 669480 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHC851CVKU 414248

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: 195/65R15

R: 〃

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / DHTSU / 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.		D.O.L	22/11/22

Survey held at Comfort Loyang

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

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: S + R.S. C

Phone

Other

Remarks:

Lump Sum / L.B.K. (%)