

ASS. RECDY.

REF:

03/ LPC23092343/Tny3

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. _____

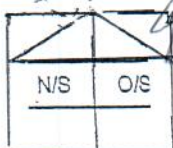
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: \$86k

IDAC Accident Rpt: _____ 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 WP

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SCP32M Yr Regn: 2016 April

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

Truck / Trailer or

Make: Hyundai Elantra ES250 c.c 2494

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

Sp. Reading: 13942 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STUR 31947020 9801

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: 255/35R19

R: 7

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

TOYO / YOKO or

Front Rear

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

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

D.O.A. _____ D.O.I. 6/3/23

Survey held at Infinity Capital

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

Frt O/S, U/C

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

Date/Time Action/ Instruction

15/03/23 submit prs

Date/Time, File Pass to?

1) 15/03/23

Date/Time, File Return to?

2)

Rep. Format: prs

Lump Sum / L.B.L. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

TOTAL