

ASS. REC. BY:

REF: TU / 23003536/k

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: _____

at Workshop n/s Thion 111
of 6367

Insured: _____

Policy No. _____

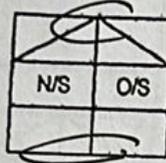
Claims No. _____

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: 77k

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 11-12 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

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

Veh No: Smk 9782E Yr Regn: 04, 19

Type: H. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Traller or A)

Make: Hyundai Avante S.C.C. 1591

Colour: n. Bl AC: Insured / Std / NI / NA

Sp. Reading: 56425 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM1H08410MKU 882930

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: _____

R: 205/55R16

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

TOYO / YOKO or WETAKE

Front _____ Rear _____

R/Bal. 9 mm R/Bal. 9 mm

L/Bal. 9 mm L/Bal. 9 mm

D.O.A. 4/4/23 D.O.I. 5/4/2023

Survey held at _____

Des. of Damages: Front & Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
/	<u>Est not ready</u>

Photo/Time, File Pass to?

: Prell. Report

: Final Report

Photo/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Transportation

S - RS. \$

Fuel

Others

TOTAL

Report Format :

mp Sum / I.B.I. (\$)