

A.S. P.C. BY:

REF:

CC3/CTI23067050/Dpc

ASSIGNMENT

COE Aug 2024

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: _____

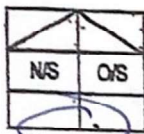
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 4 days Res: Yes or NoLum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: STD 3413 GYr Regr: Aug 2016

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

Truck / Trailer or

Make: Hyundai I40cc 1685Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 1383646

T/Radio: Insured / Std / NI / NA

Eng/No: D4FDGU662941C/No: KMHLEB4HUMGU093371

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NI / SRim / STD A/Rim or

Tyre Size: F: 205/60 R16R: 11

BS / DUN / EXNOVA / GY / FS / LZA / HEC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Wootche

Front

Rear

R/Bal: 5 mmR/Bal: 5 mmL/Bal: 5 mmL/Bal: 5 mmD.O.A. 28/06/2023D.O.I. 30/06/2023Survey held at CDGB Lymington

Des. of Damages: Fnt / (Rear) / O/S / N/S / U/C / Rooftop or

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

Date/Time: _____ Action / Instruction

Change Taping GBH 29340315/07/23 Insure 2/5 5,100/- within 4 days of 'y'

Date/Time, File Page 1st?

☐ : Prel. Report

1)

Date/Time, File Return 1st?

☐ : Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐

Site Insp (\$)

☐ : Interview (\$)☐ : Tech. Insp (\$)

Survey Fee:

Transportation:

S - RS - SI

Photos

Others

Report Format: _____

1 unit, 2 unit, 1 & 2 to 1/2