(08/11/13)

ASS. REC. BY: Thevan

REF: CS31III2200707zluy3

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: ________

N/S	O/S

(Policy Condition)

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

Bal. or Market Value: ________

IDAC Accident Rport: ________ Consistent? : Yes or No

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

Est. Repairs: 4 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS Vehicle: IN / OUT

Date: ________ Person Contacted: ________

Veh No: SMS7124B Yr Regn: /

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

Make: Hyundai ~~avante~~ avante c.c ________

A/C: Insured / Std / NI / NA

Colour: black

T/Radio: Insured / Std / NI / NA

Sp.Reading: 86796

Eng/No: ________

C/No: KMHD841CMLU029827

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt or ________

Brake: (Inorder) / Jammed / Leaked / Burnt or ________

Modi: Nil / S/Rim / (STD A/Rim) or ________

Tyre Size: F: 205/55 R16

R: 205/55 R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Triangle

Front
R/Bal. 7 mm
L/Bal. 7 mm

Rear
R/Bal. 7 mm
L/Bal. 7 mm

D.O.A. 22/7/22

D.O.I. 26/8/22 1530

Survey held at G13

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
	rr: 3h-4k
	No GIA provided

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. Invs ($ ________)
☐ : Weekend ($ ________)

Survey Fee: ________
Transportation: ________
__S + RS, __SI ________
Photos ________
Others ________
TOTAL ________

Report Format : ________

Lump Sum / I.B.I: ($ ________)