

ASSIGNMENT

COE Aug 2026

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. _____

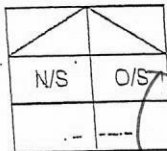
Claims No. _____

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: 5 days Res.: Yes or NoLum Sum: P/P % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHA 4778 MYr Regn: 2018 / AugType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Hyundai Ioniq C.C. 1580Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 251586 T/Radio: Insured / Std / NI / NAEng/No: G4LEJU076112C/No: KMHCH851CVKU106498Gen. 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: 195/65 R15R: 11

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

TOYO / YOKO or Davanti

Front

Rear

R/Bal. S mm R/Bal. S mmL/Bal. S mm L/Bal. S mmD.O.A. 01/10/2020 D.O.A. 05/10/2020Survey held at Birgost Sin Ming

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

0/3 Rear

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

Date / Time Action / Instruction

TII SHD 3404H

Date/Time, File Pass to?

☐: Prel. Report

1)

☐: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐: Site Insp (\$ _____)☐: Interview (\$ _____)☐: Tech. Invs (\$ _____)☐: Weekend (\$ _____)

S+RS, SI

Photos

Others

TOTAL

Report Format: _____

Lump Sum / I.B.I.: (\$ _____)