Ed. INC

ASSIGNMENT

Date

imated Cost

/ TP / WS / TP RES / OD RES / EVA / INV / MV

Inspect Vehicle No:

Workshop m/s Comfort Loyang

sured:

licy No.

aims No.

m Insured: Excess:

(Client's Record)

ake of Veh:

(Policy Condition)

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

N/S	O/S

al. or Market Value:

DAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

st. Repairs: 2 days Res.: Yes or No

um Sum: % 3 Val.: Yes or No

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

Date: Person Contacted:

Veh No SHD4422Z Reg: 30 oct 2019

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

Make: Hyundai Ioniq 1.6 cc 1580

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

Sp Reading 138954 T/Radio: Insured / Std / NI / NA

Eng/No.

C/No: KMHC851CVCU187812

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: 195/65R/8

R: "

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	17-12-20

Survey held at W/S 12.30pm

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to? ☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($

☐ : Interview ($

Survey Fee:

Transportation: