Od.

AIG

ASSIGNMENT

Date:

Estimated Cost:

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

Inspect Vehicle No:

Workshop m/s: Comfort Loyang

Insured:

Policy No:

Claims No:

Claim Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Total or Market Value:

DAC Accident Report: Consistent? : Yes or No

SIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Sum Sum: % 3 Val : Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHC 8302R 1st Reg: 08 Jan 2021

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: 4809 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHC851CVLU191846

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: "

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

Front		Rear	
R/Bal:	9 mm	R/Bal:	9 mm
L/Bal:	9 mm	L/Bal:	9 mm
D.O.A:		D.O.I:	01-02-21

Survey held at: W/S 3:15pm

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

Date/Time File Passed 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