

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: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

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

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 2639 J Yr Regn: 6 SEPT 2018

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

Truck / Trailer or

Make: HYUNDAI IONIQ 4.2 (C.C) 1,580

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

Sp. Reading: 309,007 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMAC851C VKU107532

Gen. Cond: Good Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD/Rim or

Tyre Size: F: 195/65 R15

R: 11

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

TOYO / YOKO or WESTLAK

Front Rear

R/Bal. 4 mm R/Bal. 4 mm

L/Bal. 4 mm L/Bal. 4 mm

D.O.A. 26/4/2021 D.O.I. 27/4/2021

Survey held at C DGE LOYANG

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

FRONT OFFSIDE NEAR SIDE

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

AIG PIP

Date / Time	Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report

☐ : Final Report

1) _____

Date/Time, File Return to?

2) _____

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

Photos _____

Others _____

TOTAL _____