ASS. REC. BY: JASLW NA2 | REF: A1G | JM AP

# 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.

| N/S | O/S |
|---|---|
| LHS | RHS |
| X | X X |

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 2 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: SHD 4801M Yr Regn: 25 OCT 2017

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

Make: HYUNDAI IONIQ 43 (c.c) 1,580

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

Sp.Reading: 264,125 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHC851CVLU187400

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: 195/65 R15

R: "

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

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 5 mm | R/Bal. | 4 mm |
| L/Bal. | 5 mm | L/Bal. | 4 mm |
| D.O.A. | 7/6/2021 | D.O.I. | 8/6/2021 |

Survey held at CDGE LOYANG

Des. of Damages : Frt (FRONT) / Rear / O/S (OFF-SIDE) / N/S (NEAR-SIDE) / U/C (UNDERCARRIAGE) / Rooftop or _____

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

| Date / Time | Action / Instruction |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____ )

☐ : Interview ($ _____ )

☐ : Tech. Invs ($ _____ )

☐ : Weekend ($ _____ )

Report Format : _____

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

| | |
|---|---|
| Survey Fee: | |
| Transportation: | |
| __S + RS__SI | |
| Photos | |
| Others | |
| | |
| TOTAL | |