ASS. REC. BY: NAZ | REF: INC | CHANG PIP

NS/INC21007211/Ntc

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. MT/1135779-002

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: _____ 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: SHB 3693 A Yr Regn: 6 AUG 2014

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

Truck / Trailer or _____

Make: HYUNDAI IONIQ G2 c.c 1,580

Colour YELLOW A/C: (Insured) / Std / NI /

Sp.Reading 204,867 T/Radio: (Insured) / Std / NI /

Eng/No: _____

C/No: KMHC851CVKU165915

Gen. Cond: Good / (Fair) / Poor / Burnt

Steering: (norder) / Jammed / Leaked / Burnt or _____

Brake: (norder) / Jammed / Leaked / Burnt or _____

Modi : NII / S/Rim / (STD A/Rim) or _____

Tyre Size: F: 195/65 R15

R: 11

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

TOYO / YOKO or WESTLAKE

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	24/6/2021	D.O.I.	25/6/2021

Survey held at COGE COYANG

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

Rear → UNDERCARRIAGE; O/S → OFFSIDE; N/S → NEARSIDE

The U/C / Chassis frame / Body Structure affected due to collisi

Date / Time	Action / Instruction
	INC PIP
	Finalized Part by Part Repair $1,626.82 / 2 Repair Days
	(red: ~~1453.10;47%~~)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 2

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	