

ASS. REC. BY:

NA 2

REF:

NS/INC21007214/Ntc

INC

LTD PIP

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/1135700-002

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
LMS	RMS

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

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date _____ Person Contacted: _____

Veh No: S11C1013X Yr Regn: 103UC / 2019

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

Truck / Trailer or _____

Make: HYUNDAI IONIQ G2 (CC) 1,580

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

Sp. Reading: 189,328 T/Radio: Insured / Std / NI / N

Eng/No: _____

C/No: KMITC851CVKU164520

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 /

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 CDGE LOYANG

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

FRONT OFFSIDE NEARSIDE

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

INC PIP

Date / Time Action / Instruction

Finalized Part by Part Repair \$1,232.10 / 2 Repair Days

RED: 1703 96.58%

Date/Time. File Pass to?

☐

: Prel. Report

☐

: Final Report

1)

Date/Time. File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Report Format: _____

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