

ASSIGNMENT

2018

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SLP 4811Z

Policy No. MM000076

Claims No. M2104324

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	RFS

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

Date _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHA 9380T Yr Regn: 21 AUG 2018

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

Truck / Trailer or

Make: HYUNDAI IONIQ G2 (CC) 1,580

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

Sp. Reading: 277,614 T/Radio: Insured / Std / NI

Eng/No: _____

C/No: KM4C851CVKU107280

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

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65 R15

R: 11

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

TOYO / YOKO or WESTLAKE (CF), DURATRAC (CF)

Front _____ Rear _____

R/Bal. 4 mm R/Bal. 3 mm

L/Bal. 4 mm L/Bal. 3 mm

D.O.A. 15/9/2021 D.O.I. 16/9/2021

Survey held at LDGE LOYANGI

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

TM L/S

Date / Time Action / Instruction

1/10/21 Naz confirmed LS \$1000 (Red 1508.20, 60%)

Date/Time. File Pass to?

: Prell. Report

Days Of Repair: 2

: Final Report

Resurvey No. of Trip: 1

1) _____ Date/Time. File Return to?

Survey Fee: _____

Transportation: _____

2) 1/10/21-typist

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

_____ S + RS _____ SI

Photos _____

Others _____

TOTAL _____

Report Format : Merimen

Lump Sum /+B:+ (\$ 1000)