

REC BY: Thevan / ching

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

Bal. or Market Value: _____
IDAC Accident Report: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 3 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: SHAA 9092A ✓ Yr Rogn: 13/2, 20
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or
Make: Hyundai Ioniq c.c. 1580
Colour: Yellow A/C: Insured / Std / NI / NA
Sp. Reading: 101498 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: KMH 85/CULU184244

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 A/Rim or
Tyre Size: F: 195/65R15
R: 195/65R15

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. 20/9/21 D.O.I. 21/9/21 1645
Survey held at Comfort
Des. of Damages: Frt / Rear / O/S / NIS / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>NO GIA given</u>

Date/Time File Pass to? ☐ : Prelim. Report
1) ☐ : Final Report
Date/Time File Return to? 3

Days Of Repair: _____
Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Insp (\$)
☐ : Wash and

Survey Fee:	
Transportation:	
\$ + RS. \$	
Prints	
Other	
Total	

Request Form 24:
Lump Sum / B.B. 12

REPAIR ESTIMATE*

VEHICLE NO SHA9092A

DATE 20/09/2021

MAKE 13.02.2020

MODEL : HYUNDAI IONIQ G3

CHIANG /CHINA

[illegible]