

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD ☒ TP ☒ N/S / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____
 at Workshop m/s COMFORTDELGRO
 of _____

Insured: SKX 3275Y

Policy No: _____

Claims No. DM22H000763

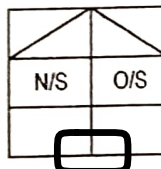
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
 repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHA5389X Yr Regn: 06 Sep/2018

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

Truck / Trailer or _____

Make: HYUNDAI / AE IONIQ c.c 1580

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

Sp. Reading: — T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHC851CVKU107483 *

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: 195/65R15

R: //

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

TOYO / YOKO or WESTLAKE

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 14/5/2022 D.O.I. 18-05-2022

Survey held at W/S 12:15PM

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

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

Date / Time Action / Instruction

9/6/22 Guo Qiang informed LS \$5700 (Red 2782.28, 32%)

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 9/6/22-typist

Days Of Repair: 4

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

3 + RS. SI

Photos

Other:

TOTAL

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : W/Weekend (\$

Report Filed: Merimen

Long Qiang/ALP/LS \$5700