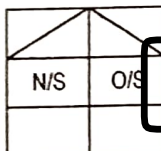


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 QD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s COMFORT LOYANG
 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.



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: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Veh No: SHC3406H Yr Regn: 10 Aug 2018
 Type: M.Car / M.Cycle / Bus / Van / Lorry ☒ Taxi Prime Mover /
 Truck / Trailer or _____
 Make: HYUNDAI AE IONIQ HEV 1.6 c.c 1580
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: _____ T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHC851CVKU106569 *
 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: 195/65R15
 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. _____ D.O.I. 22-08-2022
 Survey held at W/S 3PM
 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
	Guo Qiang finalised LS \$1400, 2 days. (Red \$2288.80, 62%)

Date/Time, File Pass to? ☐ : Preli. Report
 1) 07/11 Typist ☐ : Final Report
 Date/Time, File Return to?

Days Of Repair: 2
 Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Other:

TOTAL

 Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Insp (\$)

☐ : A/Weekend (\$)

Report Final: TP

Long Overhead: 1400