

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD ☒ 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.

|                                     |     |
|-------------------------------------|-----|
| <input checked="" type="checkbox"/> |     |
| N/S                                 | O/S |
|                                     |     |

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

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SHB6621M Yr Regn: 01 Mar/2019  
 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: 401184 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KMHC851CVKU141213 \*  
 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.      | 29-08-2022 |
| Survey held at | W/S |             | 12PM       |

 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
 Front N/S  
 The U/C / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction                                                |
|-------------|---------------------------------------------------------------------|
| 08/11/22    | Guo Qiang confirmed lump sum: \$550 / 2 days<br>(red, 1436.04, 72%) |
|             |                                                                     |
|             |                                                                     |
|             |                                                                     |
|             |                                                                     |
|             |                                                                     |
|             |                                                                     |
|             |                                                                     |

Date/Time, File Pass to?

1) 08/11/22

Date/Time, File Return to?

2)

Report Filed?

Lump Sum / MPB: 550

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ Site Insp (\$☐ Interview (\$☐ Tech. Insp (\$☐ S/W/Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Other:

TOTAL