ASSIGNED BY: GQ | INC

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.

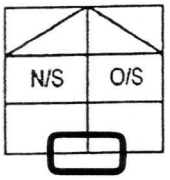
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rport: 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: SHD4953H Yr Regn: 10 Jul 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 375272 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHC851CVKU164663 *

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.	31-08-2022

*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
23/12	Finalised LS $3,650/-; 4 days with Mr Chiang. (Ref 5464.26, 60%)

Date/Time, File Pass to? 1)

Date/Time, File Return to? 2)

☐ : Preli. Report

☑ : Final Report

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Insp ($) ☐ : Weekend ($)

Survey Fee:

Transportation: __$ + RS. __SI

Photos

Other:

TOTAL

Prepared By: TP

Lump Sum / NCB: LS $3,650/-