

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. MT/1192193-002

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 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: SHA7282G Yr Regn: 01 Feb 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: 441051 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHC851CVKU133615 *

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt orModi: ☒ 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 DURATURN

Front

Rear

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

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

D.O.A. 09/10/22 D.O.I. 10-10-2022

Survey held at W/S 4PM

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

18/11/22 Guo Qiang confirmed lump sum: \$1550 / 2 days
(red, 1727.9, 53%)

Date/Time, File Pass to?

☐ : Preli. Report

09/11/22

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

S + RS SI

Photos

Other:

TOTAL

Report Filed:

Lump Sum / MPB: 1550