ASS. Rec. By: GQ | REF: INC NS/INC22010051/Gnc

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/1192029-002

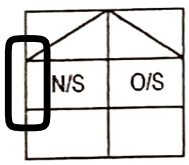
Sum Insured: Excess:

(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: 2 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHD4781L Yr Regn: 14 Nov/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 203139 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHC851CVLU189928 *

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.	10-10-2022

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
	08/11/22 Guo Qiang confirmed final fig :$1789.50 / 2 days (red, 3163.68,64%)

Date/Time, File Pass to?

1) 09/11/22

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Weekend ($)

Survey Fee:

Transportation: ___S + RS.___SI

Photos

Others

TOTAL

Report Format:

Lump Sum / UPC: 1789.50