

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.

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC3372X Yr Regn: 21 Apr/2016
 Type: M.Car / M.Cycle / Bus / Van / Lorry ☒ Taxi Prime Mover /
 Truck / Trailer or _____

Make: HYUNDAI I40 c.c 1685
 Colour: BLUE A/C: Insured / Std / NI / NA
 Sp. Reading: _____ T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHLB41UMGU087798*
 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. 12-10-2022	

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

08/12/22 Guo Qiang confirmed lump sum: 1350 and 2 days
 (red, \$1925.68 , 59%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 08/12/22

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

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

S + RS. SI

Photos

Other:

TOTAL

Report Filed: Merimen -tp

Lump Sum/MPB: 1350