

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV

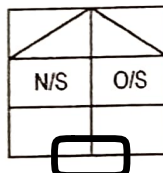
To Inspect Vehicle No: _____
 at Workshop m/s COMFORT LOYANG

of _____
 Insured: _____
 Policy No: _____
 Claims No. MT/1193716-002
 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 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: SH7921D Yr Regn: 28 Jan/2021
 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: _____ T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHC851CVLU192135 *

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. 13-10-2022	

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

10/11/22 Guo Qiang confirmed final fig :\$1559.62 / 2 days
 (red, 1458.97, 48%)

Date/Time, File Pass to?

1) 11/11/22

Date/Time, File Return to?

2)

Report Filed?

Long Sum / MPB : 1559.62

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Insp (\$ _____)

☐ : A/Selend (\$ _____)

Survey Fee:

Transportation:

3 + RS. SI

Photos

Other:

TOTAL