

ASS. FIC. BY:

REF: 004/TU.22011006/DP2

ASSIGNMENT

STIA 20503

COR Aug 2020

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

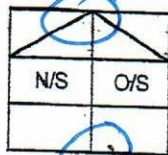
Sum Insured: _____ Excess: _____

(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 Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 108 days Res.: Yes or No

Lum Sum: 1020 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: Hyundai Yr Regn: Aug 2020

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai Ioniq c.c. 1500

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 126487 T/Radio: Insured / Std / NI / NA

Eng/No: G4LEKU403477

C/No: KMHC851CVLU188432

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 2 195/65 R15

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Westlake

Front

Rear

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 02/11/2022 D.O.I. 04/11/2022

Survey held at Sigmat Sin Ming

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear y Rear

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

TU SMT 1891D

14/3/23 Jmann 4/5 21.4001 - with 10 days of rep

Date/Time, File Pass to?

1) Date/Time, File Return to?

2)

Report Format:

Number of Pages: 1 & 2

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others