ASS. REC. BY: NAZ | REF: NS/ INC 23001205/Nvp3 | CHIANG L/S

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SND 5722E

Policy No. _____

Claims No. MT/1207832-002

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 Rport: _____ Consistent? : Yes or No

GIA / PR Secn: _____ 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: SH 6609M Yr Regn: 7 NOV 2019

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

Truck / Trailer or _____

Make: HYUNDAI IONIQ G3 c.c 1,580

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

Sp.Reading 268,073 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCF51CVLU187863

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: 195/65 R15

R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or WESTLAKE

Front		Rear	
R/Bal.	4 mm	R/Bal.	5 mm
L/Bal.	4 mm	L/Bal.	5 mm
D.O.A.	31/1/2023	D.O.I.	1/2/2023

Survey held at EDGE LOYANG

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

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

INC L/S

Date / Time	Action / Instruction
20/2/23	Naz confirmed LS $850 (Red 2105.38, 71%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 21/10/22-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : TP

Lump Sum / ~~T.B.I.~~ ($ 850)

Survey Fee:	
Transportation:	
___S + RS___SI	
Photos	
Others	
TOTAL	