

ASS. REC. BY:

NA2

REF:

NS/

23001205/Nvp3

CHANG

LIS

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:

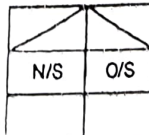
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rpt: 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 IONIA 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:

KMH CFS1CVLH187863

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: 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

SOGT 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.

Date / Time

Action / Instruction

20/2/23 Naz confirmed LS \$850 (Red 2105.38, 71%)

Date/Time, File Pass to?

☐

Preli. Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

1)

☐

Final Report

Date/Time, File Return to?

2) 21/10/22-typist

Report Format: TP

Lump Sum / t.B.t: (\$ 850)

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$