

ASS. REC. BY:

NAZ

REF:

TMI

CHIANG L/S

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

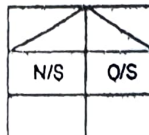
Sum Insured: _____

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 Secn: _____ Consistent? : Yes or No

Est. Repairs: 3 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: SHA 2552 K Yr Regn: 8 OCT 2018

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

Truck / Trailer or _____

Make: HYUNDAI IONIQ G2 c.c. 1,580Colour: BLUE A/C: Insured / Std / NI / NASp. Reading: 627, 227 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCS51CVK114715Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD / R/Rim orTyre Size: F: 195/65 R15R: 11

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

TOYO / YOKO or WESTLAKE

Front

Rear

R/Bal. 8 mm R/Bal. 9 mmL/Bal. 8 mm L/Bal. 9 mmD.O.A. 26/5/2023 D.O.I. 5/6/2023Survey held at CDGE LOYANGDes. 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

Date/Time, File Pass to?

☐

: Prelim. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I: (\$ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

TOTAL