ASS, REC. BY: Steve

REF:

Tokio (CS/TMI24120373/Enp3)

ASSIGNMENT

From: Date:	Veh No: SHD 3934U Yr Regn: 11/12/2018
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Hyundai Ioniq c.c 1580
at Workshop m/s	Colour Blue A/C: Insured / Std / NI / NA
of	Sp.Reading 457433 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	c/No: KMHC851CVKU129452
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 195/65R15
(Policy Condition)	R: "
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or WESTLAKE
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 5 mm R/Bal. 5 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 5 mm L/Bal. 5 mm
Est. Repairs: 4 days Res.: Yes or No	D.O.A. 21/12/24 D.O.I. 23/12/24
Lum Sum: % 3 Val.: Yes or No	Survey held at Comfortdelgro
A CONTRACTOR OF THE CONTRACTOR	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
01 5 11 0005	0 141
Steve confirmed lump sum \$265 (red, \$4872.56, 64%)	U and 4 days
(100, \$10.2.00, 0.10)	
	<u> </u>
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 4
- Final Penert	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fe	ee: : Site Insp (\$)s+Rssi
	: Interview (\$) Photos
Reperison :	: Tech. Invs (\$) Others
Lump Sum / LB: J: CF	: Weelfend (%)
The state of the s	TOTAL