ASS. REF. BY: REF: CC4 | AIG21000945 | Dp83

ASSIGNMENT

COE March 2027

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.

N/S	O/S

Bal. of Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 7 days Res.: Yes or No

Lum Sum: P/P % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHC3126R Yr Regn: 2019 March

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

Make: Hyundai Ioniq C.C 1580

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

Sp.Reading 299138 T/Radio: Insured / Std / Nil / NA

Eng/No: G4LEJU191233

C/No: KMHC851CVKU141254

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: 195/65R15

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. 18/02/2021 D.O.I. 20/01/2021

Survey held at Bizwest

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

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

Date / Time	Action / Instruction
	AIG SMU 7797 Z
24/08/2021	Approve P/P 9192.40 with 7 days of repair

Date/Time, File Pass to? [ ] : Preli. Report

1) [ ] : Final Report

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.R ($)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Invs ($)

[ ] : Weekend ($)

Survey Fee:	
Transportation:	
___S + RS.___SI	
Photos	
Others	
TOTAL	