ASS. [illegible] BY: REF: CC4 | GRB 21003388 | Dea 3

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

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: 6 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

COE 2027 Aug

Veh No: SHC 7589L Yr Regn: Aug 2019

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

Make: Hyundai Ioniq C.C 1580

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

Sp.Reading 129221 T/Radio: Insured / Std / Nil / NA

Eng/No: G4LEKU299932

C/No: KMHC851CVKU165177

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: — " —

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Westlake

Front: R/Bal. 5 mm; L/Bal. 5 mm

Rear: R/Bal. 5 mm; L/Bal. 5 mm

D.O.A. 10/03/2021 D.O.I. 16/03/2021

Survey held at Bifrost Sin Ming

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

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

Date /Time	Action / Instruction
	TII SML 955C
19/11/2021	Agreed ?/P 9047.12 with 6 days of repair

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

[ ] : Preli. Report

[ ] : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($

[ ] : Interview ($

[ ] : Tech. Insp ($

[ ] : Weekend ($

Survey Fee:

Transportation:

___$ + RS.___SI

Photos

Others

Report Format:

Lump Sum / I.B.I ($