ASS. REC. BY: NAZ REF: CS/ICS	2100699 1/NII3 Ju P/F
AS	SIGNMENT
From: Date:	Veh No: SHA 7104M Yr Regn: 250c1, 2019
Estimaled Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry (Tax) / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: HYMMAI INNIA (33 (C.C) ISPO
at Workshop m/s	Colour Quic A/C: (Insured / Std / NI / NA
01	Sp.Reading 151,859 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: KM4C85/WLU187167
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: (norder/ Jammed / Leaked / Burnt or
(Client's Record)	Brake: (norder Jammed / Leaked / Burnt or
Make of Veh:	Modi: NII / \$/Rim / STD A/Rim or
	Tyre Size: F: KS 165 RIS
(Policy Condition)	R: \\
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /-> ty
repair at the time of Inspection.	TOYO/YOKO or WESTLAKE bri
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal mm R/Bal mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal mm L/Bal mm
Est. Repairs: days Res.: Yes or No	D.O.A. 23/6/2021 D.O.I. 24/6/2021
Lum Sum: % 3 Val.: Yes or No	Survey held at COKE LOYANY
CA / REV / REP. / 24 HRS	Des. of Damages : Frt Rear O/S N/S U/C Rooftop or
Vehicle: IN / OUT Date: Person Contacted:	FRONT OFF SING NEAFSIGE
Date: Person Contacted: Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / mst oction	
Finalized Part by Part Repair \$1,73	35.16 / 2 Repair Days
RED: 609.44; 25%	
	<u> </u>
ste/Time, File Pass to? Prell. Report Da	ays Of Repair: 2
: Final Report Re	esurvey No. of Trip: Survey Fee:
le/Time, File Return to?	Transportation:
Add Fee:	: Site Insp (\$)s +Rssi
	: Interview (\$) Photos
port Format :	; Tech. Invs (\$) Others
mp Sum / I.B.I: (\$)	: Weekend (\$)
	TOTAL