

ASS. BY:

REF: C4/GRB210130258/Dgs³

ASSIGNMENT

COE July 2026

From: _____ Date: _____

Estimate Cost

OD / E / F / G / P RES / OD RES / EVA / RV / MV

To Inspect Vehicle No:

at Work on m/s

of

Insurance

Policy No

Claims to

Sum Insured

Excess

(Check record)

Make of car

(Policy Condition)

Remarks: The veh had commenced its repair at the time of inspection.

INS	O/S

Bal. of Market Value:

IDAC Ancillary Report Consistent? : Yes or No

GIA / PR Seen Consistent? : Yes or No

Est. Repairs 8 1/2 days Res.: Yes or No

Limit Sum 15% 20 % 3 Val: Yes or No 107.

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Ver No:

SHD3952S

Yr Regn:

July 2018

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

Truck / Trailer or

Make:

Hyundai Ioniq CC 1580

Colour

Blue

A/C: Insured / Std / RE / NA

Sp. Reading

422372

T/Radio: Insured / Std / RE / NA

Eng/No:

G4LEJU046906

C/No:

KMHCB51CVJU103599

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In Order / Jammed / Leaked / Burnt or

Brake: In Order / Jammed / Leaked / Burnt or

Modi: RE / STD / STD A/Rim or

Tyre Size:

F: 195/65 R15

R:

11

BS / DUN / EXNOVA / GY / FS / LZA / MIC / OHTSU / PIR / SUGA /

TOYO / YOKO or

Duraturu

Front

Rear

R/Bal

S mm

R/Bal

S mm

L/Bal

S mm

L/Bal

S mm

D.O.A

24/12/2021

D.O.I

29/12/2021

Survey held at

East West Sin Ming

Des. of Damages: Fri / Rear / O/S / INS / LAC / Rooftop or

N/S Body

The LAC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

11 SMV 9314 R

2/3 hr 10% appual es. most parts change due to no second hand parts.

04/05/2021 from 4/5 9850/- with 8 days 2 hr

Date/Time, File Pass to?

☐

: Prel. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

S + P.S. 31