ASS. Rec. By:	GQ	REF:	NS/INC22008189/Gvc	

ASSIGNMENT

From:	Date:	Veh No:	SHC2998Y	Yr Regn: 12 Mar 2019

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 AE IONIQ HEV 1.6   c.c   1580

at Workshop m/s   COMFORT LOYANG

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

of

Sp.Reading	—	T/Radio:	Insured / Std / NI / NA

Insured: SLZ 5520D

Eng/No:

Policy No.

C/No: KMHC851CVKU141510 *

Claims No.   MT/1185493-002

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
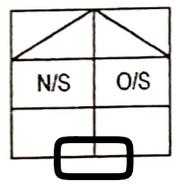
(Policy Condition)

R: 195/65R15

Remark: The veh had commenced its	N/S	O/S
repair at the time of inspection.		

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or   **WESTLAKE**

Bal. or Market Value:		Front		Rear
IDAC Accident Rport:	Consistent? : Yes or No	R/Bal.	6 mm	R/Bal.	6 mm
GIA / PR Seen:	Consistent? : Yes or No	L/Bal.	6 mm	L/Bal.	6 mm
Est. Repairs: 2 days	Res.: Yes or No	D.O.A. 20/8/2022	D.O.I. 22-08-2022
Lum Sum: 20 %	3 Val.: Yes or No	Survey held at	W/S 3PM

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Date: _____   Person Contacted: _____

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

Date / Time	Action / Instruction
14/10/22	Guo Qiang informed LS $1200 (Red 1335.56, 52%)

Date/Time, File Pass to?	☐ : Preli. Report	Days Of Repair: 2	Survey Fee:
1)	☐ : Final Report	Resurvey No. of Trip: 1	Transportation:
Date/Time, File Return to?			
2) 18/10/22-typist	Add Fee: ☐ : Site Insp ($_____)	S + RS. S
	☐ : Interview ($_____)	Photos
Prepd Report: TP	☐ : Tech. Invs ($_____)	Other:
Lump Sum / HCR: LS $1200	☐ : Week end ($_____)	TOTAL