

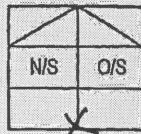
ASS. REG. BY: Taufik REF: CS/124090259/Tvp3

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: GBF 9220S
 Policy No. _____
 Claims No. M11D00202409
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT
Sumam

Veh No: SHC1850X Yr Regn: 2019, Nov
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Truck / Prime Mover /
 Truck / Trailer or
 Make: Hyundai Lonig C.C. 1580
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 433038 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHC851CVLY188055
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: MT / S/Rim / STD A/Rim or
 Tyre Size: F: 195/65R15
 R: 17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or westlake
 Front: _____ Rear: _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 12/9/2024 D.O.I. 16/9/24
 Survey held at Confort Loguy
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
19/9/24	Taufikh confirmed LS \$1400 (Red 890.56, 38%)

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

1) _____
 Date/Time, File Return to?

2) _____

Rep. Format: _____
 Lump Sum / L.B.E / F _____

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)
☐ : Weekend (\$)

Survey Fee: _____
 Transportation: _____
 S + RS \$ _____
 Photos _____
 Others _____
 TOTAL

180
60
80
24
344