

ASS. REC. BY:

REF: 072 / CS/CTI24110145/Kvh3 (N)

Kenneth

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: SMH 75M

Policy No. _____

Claims No. SNM24D206218

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: 867

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 09 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP / 24 HRS

Date: 09/29 Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

11/9/25 LS \$15,800 confirmed by email (Red 18,632.40, 54%)

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 9

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S - RS, SI

Fees

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Veh No: STU 1128E Yr Regn: 09, 09

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

Truck / Trailer or

Make: Lexus 19250 C.C. 2500

Colour: M. Green A/C: Insured / Std / NI / NA

Sp. Reading: 155768 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTHBK 262505108901

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: 225/45R17

R: 245/45R17

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

TOYO / YOKO or

Front

Rear

R/Bal. 7 mm

R/Bal. 9 mm

L/Bal. 7 mm

L/Bal. 9 mm

D.O.A. 1/11/24

D.O.I. 8/11/2024

Survey held at

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

O/S Rear & UIC

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