

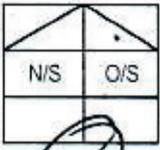
A161

ASSIGNMENT

From: Date: Estimated Cost: OD / TP / WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: SLP 4194X at Workshop m/s Stytech of SLN8403C Insured: Policy No. Claims No. Sum Insured: Excess: (Client's Record) Make of Veh:

Veh No: SLP 4194X Yr Regn: 6, 17 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or CAT Make: Toyota Vios c.c. 1496 Colour: silver A/C: Insured / Std / NI / NA Sp Reading: 2222 T/Radio: Insured / Std / NI / NA Eng/No: C/No: MHFB29F 320200 99A Gen. Cond: Good / Fair / Poor / Burnt Steering: In order / Jammed / Leaked / Burnt or Brake: In order / Jammed / Leaked / Burnt or Modl: Nil / S/Rim / STD A/Rim or Tyre Size: F: 195/50R16 R: BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

(Policy Condition) Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: IDAC Accident Rport: 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

Front Rear R/Bal. 9 mm R/Bal. 9 mm L/Bal. 9 mm L/Bal. 9 mm D.O.A. 16/7/17 D.O.I. 18/7/17 Survey held at

CA / REV / REP. / 24 HRS 20776 Vehicle: IN / OUT Date: Person Contacted:

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or Rear The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to? [] : Preli. Report [] : Final Report

Days Of Repair: Resurvey No. of Trip:

Table with columns for Survey Fee, Transportation, Photos, Others, and TOTAL.

Date/Time, File Return to? 2) Report Format : Lump Sum / I.B.I: (\$)

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