ASSIGNMENT

From:	Date: (4062018	Veh No: SK	s 96814	Yr Regn: 7015 / MAR	1
Estimated Cost:		Type: M.Car / M.Cycle	e / Bus / Van / Lori	ry / Taxi / Prime Mover /	
OD / (TP) WS / TP RES /	OD RES / EVA / INV / MV	Truck / Trailer			
To Inspect Vehicle No:	SKS 96814	Make: Suzu	UKI S-CROS	5 1.6 c.c 1586	
at Workshop m/s	Bomeo motor	Colour Bu		A/C: Insured / Std / NI / NA	
of	a Pandan Ganlen	Sp.Reading 41	6.2	T/Radio: Insured / Std / NI / NA	i.
Insured:		Eng/No:			
Policy No.		C/No: 75.	1 JYA 2250	1020210	
Claims No.		Gen. Cond: Good F	air / Poor / Burnt		
Sum Insured:	Excess:	Steering: morder / Ja	immed / Leaked / E	Burnt or	
(Client's Record)		Brake: norder / Ja	ammed / Leaked / E	Burnt or	
Make of Veh:	thomus 0 9847 6171	Modi: Nil / SRim	/ STD A/Rim or		
	loam	Tyre Size: F:	215 4	152RIT	
(Policy Condition)		R:	2	^	
Remark: The veh had co	ommenced its N/S O/S	BS / DUN / EXNOVA	/ GY / FS / LIZA / I	MIC / OHTSU / PIR / SUMI /	
repair at the tir	me of inspection.	TOYO / YOKO or	FALK	SN .	
Bal. or Market Value:		Front (Rear	
IDAC Accident Rport:	Consistent?: Yes or No	R/Bal.	mm	R/Bal. mr	n
GIA / PR Seen:	Consistent?: Yes or No	L/Bal.	mm	L/Bal. 6 mr	n
Est. Repairs:	days Res.: Yes or No	D.O.A. 01 06 18		D.O.I. 14/66/18	
Lum Sum:	% 3 Val.: Yes or No	Survey held at	BORNEU M	NOTON.	
CA / REV / REP.	/ 24 HRS	Des. of Damages : Fr	rt Rear / O/S /	N/S / U/C / Rooftop or	
	Vehicle: IN / OUT				
	erson Contacted:	The U/C / Chass	sis frame / Body	Structure affected due to collision	n.
Date / Time Action	/ Instruction				
Date/Time, File Pass to?	: Preli. Report	Days Of Repair:			
1)	: Final Report	Resurvey No. of T	rip:	Survey Fee:	
Date/Time, File Return to?				Transportation	
2)	Add Fee		(\$)S+RS,SI	
			(\$) Photos	
Report Format :		: Tech. Invs	(\$) Others	
Lump Sum / I.B.I: (3	: Weekend	(\$		
					1