ASSIGNMENT

From: Date: 2706	02618 Veh No:	SKL 3125K	Yr Regn: 2009 APR	
Estimated Cost:	Type: M.C	/ M.Cycle / Bus / Van / L	orry / Taxi / Prime Mover /	
OD /TP/ WS / TP RES / OD RES / EVA / INV / MV	Tru	ck / Trailer or		
To Inspect Vehicle No: Skl 3125×	Make:	Anol Q5 20	ol 0.0 1984	
at Workshop m/s Charn's Customa	ruf Colour	GREY	A/C: Insured / Std / NI / NA	
of Blk 1010 Bukt Mach Lare		98717	T/Radio: Insured / Std / NI / NA	
Insured:	Eng/No:			
Policy No.		C/No: WAUZZZ 8R 49 A023015		
Claims No.	Gen. Cond	d: Good (Fair Is Poor I Burn	t	
Sum Insured: Excess:	Steering:	norder Jammed / Leaked	/ Burnt or	
(Client's Record)	Brake:	norder / Jammed / Leaked	I/Burnt or	
Make of Veh:	Modi:	Nil / Krim / STD A/Rim	or	
lon. C.	Tyre Size.	F: 235	155R19	
(Policy Condition)		R:		
Remark: The veh had commenced its	N/S O/S BS / DUN	/ EXNOVA / GY / FS / LIZA	MHC OHTSU / PIR / SUMI /	
repair at the time of inspection.	TOYO /	YOKO or		
Bal. or Market Value: 34K	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: days Res.: Yes or	No D.O.A. 1	7/05/18	D.O.I. 27/06/18	
Lum Sum: % 3 Val.: Yes or	No Survey he	eld at CHARM	1's custor court	
	Des. of D	amages : Frt / Rear / O/S	I N/S / U/C / Rooftop or	
CA / REV / REP. / 24 HRS	hicle: IN / OUT		GPG .	
Date: Person Contacted:	The U	IC / Chassis frame / Bo	dy Structure affected due to collision.	
Date / Time Action / Instruction				
Date/Time, File Pass to? : Preli. Report	Days Of	Repair:		
1) : Final Report	Resurve	No. of Trip:	Survey Fee:	
Date/Time, File Return to?			Transportation:	
2)	Add Fee: S	te Insp (\$)S+RS,SI	
	:In	terview (\$) Photos	
Report Format :	: T	ech. Invs (\$) Others	
Lump Sum / I.B.I: (\$	· V	/eekend (\$		
			TOTAL	