Surveyor: Taufik   REF: EQI

ASSIGNMENT

| From: | Date: | Veh No: SLW 2387H Yr Regn: 2018 / Feb. |
| Estimated Cost: | | Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / |

OD / (TP) / WS / TP RES / OD RES / EVA / INV / MV   Truck / Trailer or

To Inspect Vehicle No: Make: Honda Jazz   c.c 1498.

at Workshop m/s   Colour: Blue.   A/C: Insured / Std / NI / NA

of   Sp.Reading: 9082.   T/Radio: Insured / Std / NI / NA

Insured: Eng/No:

Policy No.   C/No: JHMGK5850JX204040

Claims No.   Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: Excess: Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)   Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh: Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 185/55X16

(Policy Condition)   R:

Remark: **The veh had commenced its** | N/S | O/S | BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
    repair at the time of inspection.   TOYO / YOKO or

Front		Rear	
R/Bal. 6 mm		R/Bal. 6 mm	
L/Bal. 6 mm		L/Bal. 6. mm	

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No   D.O.A.   D.O.I. 15/7/18 @/750.

Est. Repairs: days   Res.: Yes or No   Survey held at: Kah Motor

Lum Sum: %   3 Val.: Yes or No   Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

CA / REV / REP. / 24 HRS   'WP' 5pm   Rear o/s

Vehicle: IN / OUT

Date: Person Contacted: Annika   The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to?	☐ : Preli. Report	Days Of Repair:	Survey Fee:
1)	☐ : Final Report	Resurvey No. of Trip:	Transportation:
Date/Time, File Return to?			) __ S + RS. __ SI
2)	Add Fee: ☐ : Site Insp ($	) Photos
	☐ : Interview ($	) Others
Report Format :	☐ : Tech. Invs ($	
Lump Sum / I.B.I: ($)	☐ : Weekend ($	TOTAL