

ASS. REC. BY: Tau AklrREF: TO

ASSIGNMENT

From: _____ Date: 2.9.2019

Estimated Cost: _____

OD (TP) / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SKQ 54151at Workshop m/s MOVAof Bik 1008 Bulat morah Lanu 3 #01- 04/06

Insured: _____

Policy No. _____

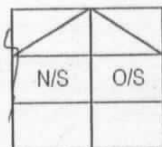
Claims No. _____

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: _____

IDAC Accident Rpt: _____ 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

CA / REV / REP. / 24 HRS mp

Vehicle: IN / OUT

Date: _____ Person Contacted: KoneVeh No: SKQ54151 Yr Regn: 2008, June
Type: M Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Ajwame c.c. 1496Colour: White A/C: Insured / Std / NI / NASp. Reading: 201268 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GJ11301055Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rm / STD A/Rim orTyre Size: F: 205/60 KL6R: 205/60 KL6

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

D.O.I. 4/9/19 2/2pmSurvey held at MOVA BMDes. of Damages: Frt / Rear / O/S / NIS / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Report Format : _____

Lump Sum / L.B.I: (\$ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

TOTAL