

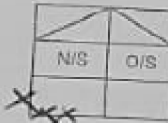
ACC. REC. BY: Par

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OO / TP / WS / TP RES / OO RES / EVA / INV / MY
 To inspect Vehicle No. SGT 10632
 at Workshop via CARSMITH
 of 13 KALCI BUKIT RD 4 #01-20
 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No. SGT 10632 Yr. Regn. _____
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____

Make: DAIHATSU MATERIA CC. 1495

Colour: white A/C: Insured / Std / NI / NA

Sp. Reading: 200920 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: XPML00250022

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi: NI / S/Rim / STD A/Rim or _____

Tyre Size: F: _____ R: 165/55 R16 DW10P

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

TOYO / YOKO or _____

Front

R/Bal. 1 mm

L/Bal. 4 mm

D.O.A. _____

Rear

R/Bal. 1 mm

L/Bal. 4 mm

D.O.I. 8/2/2020

Survey held at CARSMITH

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

N/S rear & rear

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

3 + RS. \$

Photos

Others

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Report Format: _____

Rep. Sum / L.P. / \$