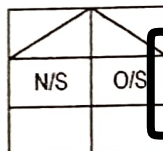


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / ☒ TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s Comfort Ubi
 of _____
 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: 3 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: GBB 2981X Yr Regn: 04 Nov/2008
 Type: M.Car / M.Cycle / Bus / ☒ Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Hiace c.c. 2982
 Colour: white A/C: Insured / Std / NI / NA
 Sp. Reading: 209169 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTFHT02P400033546 *
 Gen. Cond: ☒ Good / Fair / Poor / Burnt
 Steering: ☒ In order / Jammed / Leaked / Burnt or
 Brake: ☒ In order / Jammed / Leaked / Burnt or
 Modi: ☒ Nil S/Rim / STD A/Rim or
 Tyre Size: F: 195R15
 R: 195R15
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or DURATURN
 Front _____ Rear _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.I. 02/06/2020
 Survey held at _____ w/s 12pm
 Des. of Damages : Frt / Rear / ☒ O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
02/06	Finalized \$880 with Johari

Date/Time, File Pass to? ☐ : Preli. Report
☐ : Final Report
 Date/Time, File Return to? _____
 Days Of Repair: _____
 Resurvey No. of Trip: _____
 Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Insp (\$ _____)
☐ : W/Weekend (\$ _____)
 Survey Fee: _____
 Transportation: _____
 Photos _____
 Other: _____
 TOTAL: _____