

ASS. REG. BY:

REF: FCZ/ 20007318/ke

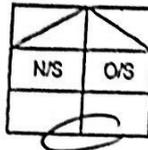
Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OO / TP / JWS / LP RES / OO RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s: Optima
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SME 5820L Yr Regn: 10, 18
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or Weapon
 Make: Honda SHUTTLE c.o. 1498
 Colour: M. Grey AC: Insured / Std / NI / NA
 Sp. Reading: 36859 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: GP 7 - 1217438
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / SRM / STD A/R/m or
 Tyre Size: F: 185/60R15
 R: _____

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: 870k
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 09 days Res.: Yes or No
 Lum Sum: 1.81 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front
 R/Bal. 7 mm Rear R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 11/7/20 D.O.I. 27/7/2020
 Survey held at _____
 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: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction

Date/Time, File Pass to? : Prell. Report
 : Final Report

Days Of Repair: _____
 Resurvey No. of Trip: _____

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

Survey Fee: _____
 Transportation: _____
 S - RS. \$ _____
 Fuel \$ _____
 Others _____
 TOTAL _____

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