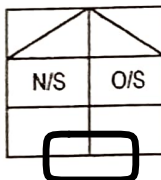


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 QD ☒ TP / VS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: BIFROST AUTO
 at Workshop m/s _____
 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: \$60K
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 5 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLF 1883M Yr Regn: 28 Nov/2007
 Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: HONDA CIVIC c.c. 1998
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 294735 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JHMFD26408S200138 *
 Gen. Cond: ☒ Good / Fair / Poor / Burnt
 Steering: ☒ Inorder / Jammed / Leaked / Burnt or
 Brake: ☒ Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD ☒ A/Rim or
 Tyre Size: F: 225/45R17
 R: 225/45R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or DAYTON

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	12-08-2020

*Survey held at W/S 4pm

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
	COE: \$35905
	XGQ CONFIRMED L/S \$ 3,900.00 @ 5 DAYS WITH IKHWAN
	(\$ 10,520.64/RED - 73%)

Date/Time, File Pass to?

28/12/2020

1) TYPIST

Date/Time, File Return to?

2)

☐ : Preli. Report
☒ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Insp (\$ _____)

☐ : A/Rim (\$ _____)

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Other:

TOTAL

Report Fee:

☒ L/S \$ 3,900.00