ASS. REG. BY: Tawplin   REF: CS3/GRB 21004543/T/rf3.

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD /(TP)/ WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SLQ 8269H

Policy No. D21MFL0000447

Claims No. MFL2021D0001563

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: _____ 895K.

IDAC Accident Rport: _____ 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   WP `PRS

Date: _____ Person Contacted: _____

Veh No: SMM6360Z Tr Regn: 2019, July

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____

Make: Honda Freed   c.c 1496.

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

Sp.Reading: 97763.   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GB7 1098049.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 185/65K15
             R:

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

	N/S	O/S

Front		Rear	
R/Bal. 6	mm	R/Bal. 6	mm
L/Bal. 6	mm	L/Bal. 6	mm
D.O.A. 8/4/21		D.O.I. 9/4/21	

Survey held at   Apex

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or _____

Vehicle: IN / OUT

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

Date / Time	Action / Instruction
	GIA upload in Views.
16/4/21	Submit PRS

Date/Time, File Pass to?   ☐ : Prell. Report
1) _____   ☐ : Final Report
Date/Time, File Return to?
2) 16/4/21-Typist

Report Format : PRS _____

Lump Sum / L.B.L.? _____)

Add Fee: ☐ : Site Insp ($ _____)
         ☐ : Interview ($ _____)
         ☐ : Tech. Invs ($ _____)
         ☐ : Week'end ($ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____
Transportation: _____
S + RS ___ SI ___
Photos _____
Others _____

TOTAL _____