

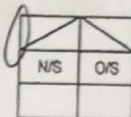
ASS. REC. BY: Hexxoth REF: C12 / 220026481Kv C

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
To Inspect Vehicle No: _____
at Workshop m/s Cheng Hoe
of _____
Insured: GBF 915E
Policy No: DMCVSNW00073352103
Claims No: SNM22D201954/C02/LEEPG
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

Veh No: SKS 9119C Yr Regn: 02, 15
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Toy Camry c.c. 1998
Colour: M. Gold A/C: Insured / Std / NI / NA
Sp. Reading: 63531 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: MR053BK5104024953
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Insider / Jammed / Leaked / Burnt or
Brake: Insider / Jammed / Leaked / Burnt or
Mod: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 215/60R16
R: _____

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



Bal. or Market Value: _____
IDAC Accident Report: _____ Consistent?: Yes or No
GIA / PR Seen: _____ Consistent?: Yes or No
Est. Repairs: 04 days Res.: Yes or No
Lump Sum: 20 % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____
Front: _____ Rear: _____
R/Bal. 4 mm R/Bal. 5 mm
L/Bal. 4 mm L/Bal. 5 mm
D.O.A. 19/3/2 D.O.I. 13/4/2022
Survey held at _____
Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
N/S R
The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>1</u>	<u>CA not ready</u>
<u>17/6</u>	<u>L1 Py @ 1650h. Cadw (red 707,30%)</u>

Deadline, File Pass or
☐ Prel. Report
☐ Final Report
Deadline, File Return or

Days Of Repair: 4
Resurvey No. of Trip: 1

17/6/22-typist
Report Format: Merimen
Lump Sum / I.B.I (\$) LS \$1650

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

Survey Fee:
Transportation: _____
Excess: _____
Others: _____
TOTAL: _____