ASS. REC. BY: Kenneth | REF: C12 / 2200268811Kv | 6

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QQ / TP / WS / TP RES / QQ RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Chuy Hoe

of _____

Insured: GBF 915E

Policy No. DMCVSNW00073352103

Claims No. SNM22D201954/C02/LEEPG

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 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: 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: MR053BK510402F953

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoder / Jammed / Leaked / Burnt or _____

Brake: Inoder / Jammed / Leaked / Burnt or _____

Modl : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 215/60R16

R: _____

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. 19/3/22 D.O.I. 13/4/2022

Survey held at _____

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

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

Date / Time	Action / Instruction
/	Est not ready
17/6	Liby @ 1650/- Cash (red 707,30%)

Date/Time, File Faxed to? _____ Prell. Report

Date/Time, File Retun to? _____ Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation: $ - R$ _____ $

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

Fax: $ Others: $

TOTAL

17/6/22-typist

Report Format : Merimen

Lump Sum / I.B.I: ($ LS $1650