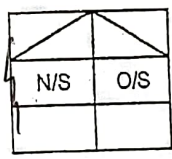


ASS. REC. BY: Taught

REF: CC2/MIDV722003609/TP

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: _____
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: _____
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 7 days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLK1024A Yr Regn: 1
Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Ford Focus C.C. 999
Colour: Blue A/C: Insured / Std / NI / NA
Sp. Reading: 52206 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: WF05XXGCC59K13783
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: Nil / SR / STD A/Rim or
Tyre Size: F: 205/55R16
R: 77
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____
Front Rear
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. _____ D.O.I. 4/4/22
Survey held at BKm 288A Bukit Batok St 25
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Roof or
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	P/P \$5,661.00 (Red \$3,570.00 // 39%)

Date/Time, File Pass to? ☐ : Preli. Report
1) ☐ : Final Report

Date/Time, File Return to?
2) _____

Report Format : _____
Lump Sum / L.B.K. (P) _____

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

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

Survey Fee: _____
Transportation: _____
S + RS. \$ _____
Photos _____
Others _____
TOTAL _____