ASS. REC. BY: [signature] REF: CS/FC122003239/Rty3 0604

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SMH 1831R

at Workshop m/s TRANSEUROKARS

of 27A, TANDONG PENJURU

Insured: FCI

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

N/S	O/S

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

Bal. or Market Value: 116K

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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMH 1831R Yr Regn: 2019 / JAN

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

Make: MAZDA CX-5 2.0 AT PREM c.c 1998

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

Sp.Reading 27649 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6KF2W7AK0248566

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: 255/65R17

R: "

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.	06/04/22	D.O.I.	08/04/22

Survey held at TRANSEUROKAR

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
	REPAIR LIMIT - 72K
	cost of repair of P/P $9,390.20 /- with 05 days of repair, subject to their approval
	RED: 4567.95;35%

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

1) _____

Date/Time, File Return to?

2) _____

Report Format : _____

Lump Sum / I.B.I: ($ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

3 X 15 = 45
170 + 45 = 215

Survey Fee:	215
Transportation:	50
$ + RS. SI	50
Photos	40
Others	
Total:	355