

ASS. REC. BY:

REF: CS/ASM22004053/Any3

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: _____

Veh No: SM68583R Yr Regn: 2019 / Jan.
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Honda Vezel Hybrid c.c 1496
 Colour: Silver A/C: Insured / Std / NI / NA
 Sp. Reading: 76514 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: RU31217146
 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: 215/60R16
 R: 215/60R16

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

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or ZIEX
 Front _____ Rear _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 29/04/22
 Survey held at Unimstar.

Bal. or Market Value: _____
 IDAC Accident Rport: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 9 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>TP AXA.</u>
	lump sum: \$7800 and 9 days
	(red, \$9228.56, 54%)
	<u>MV: 901K</u>
	<u>PV: 35.1K</u>
	<u>Nett: 54.9K</u>
	<u>(02D)</u>

Date/Time, File Pass to? : Preli. Report
 1) 20/07/22 : Final Report
 Date/Time, File Return to?

Days Of Repair: 9
 Resurvey No. of Trip: 1

Survey Fee:	_____
Transportation:	_____
S + RS. SI	_____
Photos	_____
Other:	_____

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

Report Format: TP
 Lump Sum / L.P. is \$ 7800