

ASS. REC. BY: NAZ

REF.

AIS

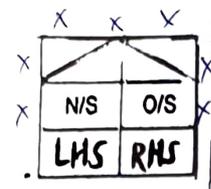
ASSIGNMENT

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: SKT 629814 Yr Regn: 18/Jun/2015
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: HONDA VEZEL 1.5X CVT (CC) 1,496
 Colour: SILVER A/C: Insured / Std / NI
 Sp. Reading: N/A (battery muted) / T/Radio / Insured / Std / NI
 Eng/No: _____
 C/No: RU11021543
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD / Rrim or _____
 Tyre Size: F: 215/60 R16
 R: 11

(Policy Condition)

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



BS (DUN) / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PR / SUMI / -
 TOYO / YOKO or _____

Bal. or Market Value: 46K
 IDAC Accident Rpt: _____ 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

Front		Rear
R/Bal. <u>6</u> mm		R/Bal. <u>7</u>
L/Bal. <u>6</u> mm		L/Bal. <u>7</u>
D.O.A. <u>11/8/2022</u>		D.O.I. <u>16/8/2022</u>

Survey held at: AUTO INSURE
 Des. of Damages: FR / Rear / O/S / N/S / UIC / Rooftop or
FRONT OFF-SIDE NEAR-SIDE
 The UIC / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	COE Rebate \$ 23,579.00
	Repair Unit \$ 22K
	vehicle economical to repair. Recommend total loss.

Date/Time, File Pass 10? : Prell. Report
 : Final Report
 Date/Time, File Return 10? _____

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

Report Format: _____
 Lump Sum / I.B.I. (\$) _____

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

Survey Fee:	_____
Transportation:	_____
S + RS + S:	_____
Photos	_____
Others	_____
TOTAL	_____