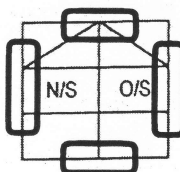


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 CC / ☒ TP / ☐ WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop m/s: **KAH MOTOR**
 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: **\$102k**
 IDAC Accident Report: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: **25** 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: **EK161B** Yr Regn: **18 Nov 2019**
 Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____

Make: **HONDA HRV 1.5 LX** c.c. **1496**
 Colour: **Blue** A/C: **Insured / Std / NI / NA**
 Sp. Reading: _____ T/Radio: **Insured / Std / NI / NA**

Eng/No: _____
 C/No: **JHMRU1830JX202184**

Gen. Cond: ☒ Good / Fair / Poor / Burnt
 Steering: ☒ norder / Jammed / Leaked / Burnt or
 Brake: ☒ norder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / ☒ S D A/R / m or

Tyre Size: F: **215/60R16**
 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. _____	D.O.I. 01-09-2022

*Survey held at **W/S** **3:30PM**

Des. of Damages ☒ Frt ☒ Rear ☒ D/S ☒ N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
15/09/22	15/09/22 submit preli.report / \$28,429.34 and 25 days check item: \$237.44

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

1) ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Filed

Lump Sum / M.B.R.

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ Site Insp (\$ _____)

☐ Interview (\$ _____)

☐ Tech. Insp (\$ _____)

☐ Travel end (\$ _____)

Survey Fee: _____

Transportation: _____

Photos _____

Other: _____

TOTAL

24x15=360

170+360

50

50

79

80

789