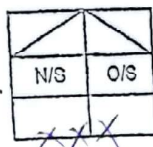


ASSIGNMENT

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. DMPCSNW00046442200
 Claims No. SNM22D206586/C02
 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 Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 8 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLB 42652 Yr Regn: 7/4/16
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Honda City c.c. 1497
 Colour: Blue A/C: Insured / Std / Nil / NA
 Sp. Reading: 139121 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: MRI16M66606P000083
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / SRim / STD A/Rim or
 Tyre Size: F: 205/55R16
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front
 R/Bal. 4 mm R/Bal. 14 mm
 L/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 13/9/22 D.O.I. 3/10/22
 Survey held at Kah Meters
 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

MV-501

Steve confirmed final fig :\$8224 and 8 days
 (red. 3184.56, 28%)

Date/Time, File Pass to?

1) 29/11/22

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.A. (\$) 8224Days Of Repair: 8Resurvey No. of Trip: 1

Add Fee:

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

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL