

ASS. REC-BY: Tawfik

REF: CS/EG/22010736/Taj3.

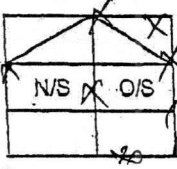
ASSIGNMENT

2025 June  
2010 June

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
To Inspect Vehicle No: \_\_\_\_\_  
at Workshop m/s \_\_\_\_\_  
of \_\_\_\_\_  
Insured: \_\_\_\_\_  
Policy No. \_\_\_\_\_  
Claims No. \_\_\_\_\_  
Sum Insured: \_\_\_\_\_ Excess: 8800  
(Client's Record)  
Make of Veh: \_\_\_\_\_

Veh No: 85X 6414E Yr Regn: \_\_\_\_\_  
Type: MCa / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or \_\_\_\_\_  
Make: Toyota Vios C.C. 1497  
Colour: Silver A/C: Insured / Std / Nil / NA  
Sp. Reading: 768048 T/Radio: Insured / Std / Nil / NA  
Eng/No: \_\_\_\_\_  
C/No: MR053HY 9305-168365  
Gen. Cond: Good / Fair / Poor / Burnt  
Steering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_  
Brake: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_  
Modi: Nil / SRim / STD A/Rim or \_\_\_\_\_  
Tyre Size: F: 185/60/45  
R: \_\_\_\_\_

(Policy Condition)



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

Bal. or Market Value: 920K  
IDAC Accident Rpt: \_\_\_\_\_ 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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or Fallen  
Front \_\_\_\_\_ Rear \_\_\_\_\_  
R/Bal. 6 mm R/Bal. 6 mm  
L/Bal. 6 mm L/Bal. 6 mm  
D.O.A. \_\_\_\_\_ D.O.I. 28/10/22  
Survey held at LKT Group  
Des. of Damages: Fit / Rear / O/S / N/S / U/C / Roof top or \_\_\_\_\_

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

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

| Date / Time | Action / Instruction                                                  |
|-------------|-----------------------------------------------------------------------|
| 22/10       | Mabel confirmed LS \$5750.00; 9 days thru email. (Red. \$7689/-, 57%) |
|             |                                                                       |
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|             |                                                                       |
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|             |                                                                       |
|             |                                                                       |
|             |                                                                       |

Date/Time, File Pass to? ☐ : Prel. Report  
1) ☒ : Final Report

Days Of Repair: 9  
Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to?  
2) \_\_\_\_\_

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

|                       |       |
|-----------------------|-------|
| Survey Fee: _____     | TOTAL |
| Transportation: _____ |       |
| S + RS. \$ _____      |       |
| Photos _____          |       |
| Others _____          |       |

Report Formet: OP  
Lum Sum / L.B.k: \$5,750/-