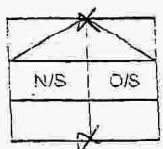


AES. REC BY: Tau

REF: CSS/SMR27011460/Tny3.

ASSIGNMENT

From: _____ Date: _____
Estimated test: _____
OD / TP / VS / 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 Vch: _____



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

Bal. or Market Value: 466K
IDAC Accident Report _____ 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 WP - PRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SM14514 Yr Regn: 2018 May
Type: M.Cat / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Honda Jazz 1.3 C.C. 1318
Colour: Grey A/C: Insured / Std / NI / NA
Sp. Reading: 36785 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: JHMBK3850JX220753
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or _____
Brake: Inorder / Jammed / Leaked / Burnt or _____
Modl: NI / STD / STD A/Rim or _____
Tyre Size: F: 185/60R15
R: 185/60R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Falken

Front		Rear	
R/Bal. <u>6</u> mm		R/Bal. <u>6</u> mm	
L/Bal. <u>6</u> mm		L/Bal. <u>6</u> mm	
D.O.A. _____		D.O.I. <u>16/11/22 2245pm</u>	

Survey held at Team Auto Pro
Des. of Damages FR / Rear / O/S / N/S / U/C / Roof/Top or _____

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

Date / Time	Action / Instruction
	<u>Repair Range: \$14000 - \$16000, 14 days.</u>

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

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

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. invs (\$ _____)
☐ : Workshop (\$ _____)

Survey Fee: _____
Transportation: _____
S + RS \$ _____
Photos _____
Others _____

Repair Form: _____
Lump Sum / B.C.P. _____