

ASS. REF. BY: Taufiq

REF: CC4/VA1522011594/TP93.

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. _____

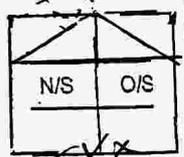
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)



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

Bal. or Market Value: \$55K

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 WT

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SL5 87249 Yr Regn: 2016, Dec.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Hyundai Elantra c.c. 1591

Colour: Red A/C: Insured / Std / NI / NA

Sp. Reading: 99521 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM H1D84 / CMH4 290538

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: NI / S/Rim / STD A/Rim or

Tyre Size: F: 205/55R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / RIR / SUMI /

TOYO / YOKO or _____

Front R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. _____

Survey held at Komoco

Des. of Damages Fr / Rest. / O/S / N/S / WC / Rooftop or

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

| Date / Time | Action / Instruction |
|-------------|----------------------|
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Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

Loop Sum / I.B.K. (?) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

| | |
|-----------------|-------|
| Survey Fee: | _____ |
| Transportation: | _____ |
| S + RS - SI | _____ |
| Photos | _____ |
| Others | _____ |
| TOTAL | _____ |