

A.E.S. REC:BY: TauyREF: CS/GA122011746/Twy

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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 Veh: _____

(Policy Condition)

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

Bal. or Market Value: \$96K

IDAC Accident Report: _____ Consistent?: Yes or No

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

Est. Repairs: 5 days Res.: Yes or NoLum Sum: I.B.I % 3 Val.: Yes or NoCA / REV / REP. / 24 HRS WP

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMG 8264L Yr Regn: 2018 / Dec.Type: Cor / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Merda 6 c.c. 1998Colour: Red A/C: Insured / Std / NI / NASp. Reading: 42672 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: SMGGL1072K031105Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rim / STD A/Rim orTyre Size: F: 225/55R17R: 225/55R17SS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 23/11/22Survey held at ARC Tun GuanDes. 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

21/03/2023 Finalise P/P \$3,851.28 @ 05 days (Red \$2,501.12/39%)

Date/Time, File Pass to?

21/03/2023

1) typist

Date/Time, File Return to?

2)

Rep. Form: TP

Lum Sum / I.B.I P/P \$3,851.28

Days Of Repair: 5

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____