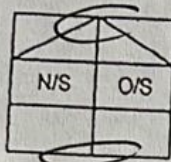


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop n/s Thiem 111
 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: 8
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 04 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: STQ 1938E Yr Regn: _____
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Kia Ceato c.c. 1591
 Colour: M.D. Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 96915 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KNAF1416MK 5031228
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rlm / STD / A/Rlm or
 Tyre Size: F: 195/65R15
 R: _____

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

Front: _____ Rear: _____
 R/Bal. 8 mm R/Bal. 8 mm
 L/Bal. 8 mm L/Bal. 8 mm
 D.O.A. 1/122 D.O.I. 14/12/2022

Survey held at _____

Des. of Damages: Frt Rear / O/S / N/S / UIC / Rooftop or
1/17

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

Date / Time	Action / Instruction
<u>1</u>	<u>GIA & EN not ready</u>

Date/Time, File Pass to?

☐ : Prell. Report
☐ : Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

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

S + RS. SI

F. & S.

Others

TOTAL

Report Format :

mp Sum / I.B.I: (\$