ASS. RECBY: Taufik REF: CS3/LPC2300076/Nyg

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / NS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: YM 8273L

Policy No. _____

Claims No. 22/22/23/VC05/026776

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S
✓	X

Bal. or Market Value: 994K.

IDA.C Accident Rport: _____ 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: SMC9378G Yr Regn: 2018 July

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Honda Freed Hybrid c.c 1496

Colour Grey A/C: Insured / Std / Nil / NA

Sp.Reading — T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: GB7067478

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 185/65R15

R: 〃

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 29/12/2022 D.O.I. 4/1/23 @3pm

Survey held at Klinp Lek

Des. 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
	Battery weak
6/1/23	Submit PRS

Date/Time, File Pass to? 1) _____ Date/Time, File Return to? 2) 6/1/23-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee: _____

Transportation: ___S + RS, ___SI

Photos _____

Others _____

Report Format : _____

Lump Sum / I.B.I: (% _____)