

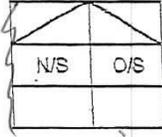
ASS. REC BY: Taufikh

REF: CS/TMI-23000417/TuyS

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: _____

Veh No: SMC 562J Yr Regn: 20/81 Ang
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Hyundai Wraig C.C. 1580
Colour: Yellow A/C: Insured / Std / NI / NA
Sp. Reading: 732531 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: KMMHC851 CLK 9107311
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: 195/65K15
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / DHTSU / PIR / SUMI /
TOYO / YQKO or Westlake
Front R/Bal. 6 mm Rear R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. _____ D.O.I. 12/1/23
Survey held at Compart by ay
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or _____
The U/C / Chassis frame / Body Structure affected due to collision.



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

Bal. or Market Value: _____
IDAC Accident Report _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 3 days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS WP
Date: _____ Person Contacted: UMTS Vehicle: IN / OUT

Date / Time	Action / Instruction
	Taufikh confirmed lump sum \$3600 , 3 days.
	(red, \$2233.20, 38%)

Date/Time, File Pass to? : Preli. Report
1) 28/02/23 : Final Report
Date/Time, File Return to?
2) _____
Rep. Format : tp
Lump Sum / L.S.A. : 3600

Days Of Repair: 3
Resurvey No. of Trip: 1
Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee:	
Transportation:	
S + RS	
Photos	
Others	