S. REC'BY: Taufik | REF: CC4/1112300107 6/T p 43.

ASSIGNMENT

From: _____ Date: _____

Estimated Cost _____

OD / TP / I/S / IP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop TDS _____

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report _____ Consistent? : Yes or No

GIA / PR Seen _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 'WP'

Vehicle: IN / OUT

Date: _____ Person Contacted: Wei Hao

Veh No: SBS6501H Yr Regn: 2014 (Dec.)

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

Make: Mercedes Benz Citaro C.C 6374

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

Sp.Reading 566940 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WEB6280832 3125504

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 275/70R22.5

R: " " (O)

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / DHTSU / PIR / SUMI / TOYO / YOKO or Pirelli.

Front		Rear	
R/Bal.	8 mm	R/Bal.	8/8 mm
L/Bal.	8 mm	L/Bal.	8/8 mm
D.O.A.		D.O.I.	2/2/23

Survey held at Leybuild

Des. of Damages Front / Rear / O/S / N/S / U/C / Rooftop or _____

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

Date / Time	Action / Instruction

Date/Time, File Pass to? _____ ☐ : Preli. Report

1) _____ ☐ : Final Report

Date/Time, File Return to? _____

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fees: ☐ : Site Insp ($ _____

☐ : Tech. Insp ($ _____

Total Amount : _____