

ASS. REG. BY: TaufikREF: 033 / MSB23001628 / Tup3

ASSIGNMENT

2028 July

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SHD 4435L

Policy No. _____

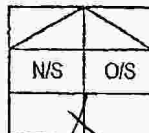
Claims No. S3M04JC6

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: \$56k.

IDAC Accident Rpt: _____ 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: SJG 8049X Yr Regn: 2008, JulyType: M.Cycle / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Daikatsu Tevix c.c. 1495Colour: Black A/C: Insured / Std / NI / NASp. Reading: 313049 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MHKG 2CK 208-K 000123Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / SRim / STD A/Rim orTyre Size: F: 215 / 65 R16R: 215 / 65 R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Hankook

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 12/2/2023 D.O.I. 15/2/23 220pmSurvey held at Tok PrintingDes. of Damages: Frt / Rear / O/S / N/S / U/G / Rooftop or

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

Date / Time	Action / Instruction
1/6/23	Repair Range: \$6500 - \$7500, 7 days

Date/Time, File Pass to?

☐ : Prel. ReportDays Of Repair: 7

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2) 1/6/23-typist

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

Survey Fee: _____

Transportation: _____

S + RS \$ _____

Photos _____

Others _____

TOTAL

Rep. Format: _____

Lump Sum / L.B.L. (%) _____