

RECEIVED

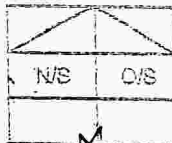
REF:

02/LIP2300209/Tmg3

ASSIGNMENT

From: _____ Date: _____
 Estimated cost: _____
 DD / TR / VS / RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 Workshop No: _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Turn Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Val. or Market Value: 9112K
 IDAC Accident Port Consistent? : Yes or No
 CIA / PR Serv: Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Turn Sum: _____ % 3 Val.: Yes or No



Veh No: SMM523K Yr Regn: 2019 June
 Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: BMW 216I C.D. 1499
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 45946 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: NK46V120405N4510
 Gen. Contr: Good / Fair / Poor / Burnt
 Steering: Inter: / Jammed / Leaked / Burnt or
 Brake: Inter: / Jammed / Leaked / Burnt or
 Mod: NI / STD / Rm or
 Tyre Size: F: 205/55R17
 R: 4 7
 CS: DUN / EXNOVA / SY / HS / LIZA / MO / DITEU / PR / SUM /
 TOYO / YOKO or
 Front: _____ Rear: _____
 R/Bal: 6 mm R/Bal: 6 mm
 L/Bal: 6 mm L/Bal: 6 mm
 D.O.A. _____ D.O.L. 7/12/2201055
 Survey held at Hua Meng
 Des. of Damages: F / R / C / S / N / S / U / C / Roof top or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to? ☐ : Preli. Report ☐ : Final Report
 Days Of Repair: _____
 Resurvey No. of Trip: _____
 Survey Fee: _____
 Transportation: _____
 Add Fee: _____