

ASS. REF. BY: Taufiq

REF:

C33/HSB23 002316/T2P3

## ASSIGNMENT

2029 March

2009 April

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

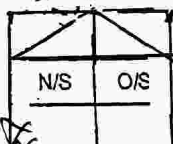
Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark The veh had commenced its  
repair at the time of inspection.Bal. or Market Value: \$68K

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

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SLE4206D Yr Regn: 2009 April

Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Wish c.c. 1794Colour: Silver A/C: Insured / Std / NI / NA

Sp. Reading: \_\_\_\_\_ T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: STD ER12W633003180Gen. 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 orTyre Size: F: 195/65R15R: 2

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

TOYO / YOKO or Falken

Front Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. \_\_\_\_\_ D.O.I. 3/3/23 04pmSurvey held at A AutoDes. of Damages Ft / Rear / O/S / N/S / WC / Rooftop orRear O/S, 4/C

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

| Date / Time | Action / Instruction                           |
|-------------|------------------------------------------------|
|             | <u>battery weak</u>                            |
|             | <u>Repair Range: \$7000 - \$9000 ; 10 days</u> |
|             |                                                |
|             |                                                |
|             |                                                |
|             |                                                |
|             |                                                |
|             |                                                |
|             |                                                |
|             |                                                |

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Rep. Format: \_\_\_\_\_

Lump Sum / L.B.H. / \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS. \$ \_\_\_\_\_

Photos \_\_\_\_\_

Others \_\_\_\_\_

TOTAL