

ASS. REC. BY: T. Smith

REF: CS3/FCI23001765/Tvy3-1 ^{m4}

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s: _____
 of _____
 Insured: SMM 2784K
 Policy No. D-23100460MFQC/69
 Claims No. D23000559MFQC
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SLR9038A Yr Regn: 2017, Aug
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Honda Vezel Hybrid c.c. 1496
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: _____ T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: R431249246
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / STD A/Rim or _____
 Tyre Size: F: 225/50R17
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Haloblead

N/S	O/S

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

Bal. or Market Value: _____
 IDAC Accident Rport: _____ 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
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Front _____ Rear _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 13/2/2023 D.O.I. 02/05/23 @ 10u.
 Survey held at Guan Nante
 Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or _____
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>15,600 13,900 47%</u>
22/5/23	Submit LS. \$ <u>15,300</u> (Red <u>44,200</u> , 48%)
	mv:\$64,000 lta:\$26,134 nv:\$37,866

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

Days Of Repair: 15
 Resurvey No. of Trip: _____

Date/Time, File Return to?
 2) 22/5/23-typist

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

Survey Fee:	<u>(19 x 15)</u>
Transportation:	<u>170 + 285</u>
S + RS. SI	<u>50</u>
Photos	<u>76</u>
Others	
TOTAL	<u>581</u>

Report Format: TR Res
 Lump Sum / I.B.H. (\$) _____

581 SP
22/5/23