

ASS. REC. BY:

REF: HSB/23005899/1kg

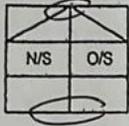
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ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MY
 To Inspect Vehicle No: _____
 at Workshop m/s Loew Lee Seng
 of 03-10 114A
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SKD 367R Yr Regn: 10/11
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or A
 Make: Mer C180 c.c. 1597
 Colour: Mar Grey A/C: Insured / Std / Nil / NA
 Sp. Reading: 133879 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: WDD 2040452A 610137
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rlm / STD A/Rlm or
 Tyre Size: F: WEMAKE
 R: Firestone 225/40R18

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



Bal. or Market Value: 82K
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 06 days Res.: Yes or No
 Sum Sum: 20 % 3 Val.: Yes or No
 A / REV / REP. / 24 HRS
 Vehicle: IN / OUT
 Person Contacted: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front R/Bal. 9 mm R/Bal. 5 mm
 L/Bal. 9 mm L/Bal. 5 mm
 D.O.A. 1/123 D.O.I. 9/6/2023
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
8/17
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>1</u>	<u>No documents given. PRS</u>
	<u>En repair com 48-10k.</u>

Time, File Pass to? : Prell. Report
 : Final Report

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

Survey Fee:	
Transportation:	
S + RS:	SI
Others:	
TOTAL	

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

Print Format :
 Sum / I.B.I: (\$)