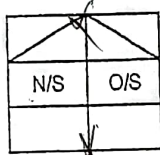


ASS. REC. BY: Toughin

REF: CSB / ASM 22005650 / Fre.Tvp3-1

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: SMV 6871T
Policy No. P2409453
Claims No. S2M043XG
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: \$50K
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 PRB
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: JSN 1170 Yr Regn: 2017
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Perodua Bezza C.C. 1329
Colour: Grey A/C: Insured / Std / NI / NA
Sp. Reading: 64478 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: PM2B3015003082901
Gen. 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 or _____
Tyre Size: F: 195/50R15
R: 195/50R15
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Maxxis
Front _____ Rear _____
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. 10/6/2022 D.O.I. 15/6/22 @ 1220
Survey held at Garej B
Des. of Damages FR / 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>Repair Range : \$12,000 - \$14,000 , 14 days.</u>
6/7/22	Submit PRS, repair range \$12,000-\$14,000
6/7/23	Submit LS \$14,250 (Red 1750,10%)

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

Date/Time, File Return to?
2) 6/7/23-typist

Days Of Repair: 15

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

\$ + RS. \$ _____

Photos

Others

TOTAL

Report Format : _____
Lump Sum / L.B.k. () _____