ASS. REC. BY: REF:

# ASSIGNMENT

07/08/2024

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s OPTIMA WERKZ

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

| N/S | O/S |
|---|---|
| | |

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: 4 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: SNS 4124J Yr Regn: /

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: TESLA MODEL Y RWD c.c -

Colour BLUE A/C: Insured / Std / NI / NA

Sp.Reading 1591 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: LRWYHCFSXRC631045

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 255/45R19

R: 255/45R19

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or HANKOOK

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 9 mm | R/Bal. | 9 mm |
| L/Bal. | 9 mm | L/Bal. | 9 mm |

D.O.A. 13/09/2024 D.O.I. 17/09/2024

Survey held at

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

RH REAR

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

| Date / Time | Action / Instruction |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($ )

☐ : Interview ($ )

☐ : Tech. Invs ($ )

☐ : Weekend ($ )

Report Format :

Lump Sum / I.B.I: ($ )

Survey Fee:

Transportation: S + RS. SI

Photos

Others

TOTAL