

Taufik

REP: QBE

ASSIGNMENT

From Date 17/01/2018

Estimated Cost:

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

To Inspect Vehicle No: SHB 4588P
at Workshop: Ding Automotive
of 31 Corporation Road

Insured:

Policy No:

Claims No:

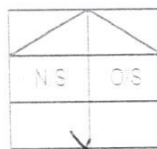
Sum Insured: Excess:

(Client's Record)

Make of Vehicle:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res: Yes or No

Lim Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS 'wp'

Date: Person Contacted:

Vehicle: IN / OUT

Date Time Action Instruction

Rep No: SHB4588P. Reg: 2017 Jm
Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover

Truck / Trailer or

Make:

Hyundai 140

1685

Colour:

Yellow

Insured / Std / NI / NA

Se Reading:

207 824

Insured / Std / NI / NA

Eng No:

Ch No:

KMHLB414M H4098352

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / STD / STD A/Rim or

Tyre Size:

205/80R16

R:

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

TOYO / YOKO or

Tv. angle

Front:

Rear:

R.Bal:

6

mm

R.Bal:

6

mm

L.Bal:

6

mm

L.Bal:

6

mm

D.O.A.

D.O.I.

17/1/18 @ 1330

Survey held at:

Ding Auto Corporation Rd

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 File Pass to:



: Prelim. Report

Date/Time File Return to:



: Final Report

Days Of Repair:

Resurvey No. of Trips:

Survey Fee:

Transportation:

Add Fee:



Site Insp: \$



Interview: \$



Test: \$



Check: \$

Report Form:

Lump Sum / N.B. to \$

