

Signature: Taufik

REF:

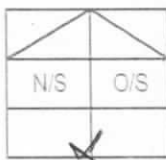
III 1386 / 71103 - (u)

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: _____
 Policy No. _____
 Claims No. _____
 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: _____
 IDAC Accident Report: _____ 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: DS

Vehicle: IN / OUT

Veh No: SBW42J Yr Regn: 2016 Dec.
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Mitsubishi Outlander c.c. 2360.
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 33165 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JMYXTG F3WG7002379
 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: 225/55R18
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front: 6 mm Rear: 6 mm
 R/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.I. 26/1/18
 Survey held at: C&C Pandan Area
 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

Date/Time, File Pass to?

☐
☐

: Preli. Report

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

_____ S - RS _____ SI

Photos

Others

Report Format :

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

Add Fee:

☐
☐
☐
☐

Site Insp (\$)

Interview (\$)

Tech. Invs (\$)

Weekend (\$)

TOTAL