

Rasmi

REF:

CC3 / ALH18001659 / Rltbs2

9676m

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SKR 3460K

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: 1200

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

		N/S	O/S

Bal. or Market Value: 117K

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKR 3460K Yr Regn: 2015 / JAN

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

Truck / Trailer or

Make: AUDI A6 2.0TFSIMU c.o. 1984

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

Sp. Reading: 69147 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAU222464EN175271

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: 225/55R17

R: 7

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

L/Bal. 6 mm

D.O.A. 21/01/18 D.O.I. 26/01/18

Survey held at PREMIUM (B601)

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

N/S FRF

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

Date / Time	Action / Instruction
	SKR 3460K - X
29/1	Revert via Merimen
31/01 @ 13:17pm	AUTHORISE REPAIR BY Chang, Lois-KL
31/01/2018 @ 3:35pm	email premium authorise repair \$1200
1/2	on hold on matter under investigation by victor for
7/2	16:49pm authorise repair by Victor
7/2	4:54pm email authorise to Nora excess \$1200
	ALH rejected claims.

Date/Time, File Pass to? Preli. Report Final Report

1) 30/01/2018 Date/Time, File Return to? 2) _____

Days Of Repair: 5 Resurvey No. of Trip: - Survey Fee: _____

Report Format: OD-Preli Lump Sum / I.B.I: (\$ _____)

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

Transportation: _____
Photos _____
Others _____
TOTAL _____