Broker: Tai Fu | REF: III | Ref : 18002618/Tless

ASSIGNMENT

From: | Date: 8/2/18

Estimated Cost:

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

To Inspect Vehicle No: SLE 3694J

at Workshop m/s Ding Auto

of 249 Jalan Boonlay

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.

N/S	O/S

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

Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLE 3694J Reg: 2016 July

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

Make: Toyota Altis CC: 1598

Colour: Sil/nav A.C: Insured / Std / Nil / NA

Sp.Reading: 110878 T Radio: Insured / Std / Nil / NA

Eng/No:

C/No: MR053EH104355029

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: 205/55R16

R: " "

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

Front		Rear	
R/Bal.	6 mm	R.Bal.	6 mm
L/Bal.	6 mm	L.Bal.	6 mm
D.O.A.		D.O.I.	8/2/18

Survey held at: Ding Auto

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

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

Date / Time	Action / Instruction

Date/Time File Pass to: : Preli. Report

: Final Report

Date/Time File Return to:

Report Format:

Lump Sum : I.B.N: $

Days Of Repair:

Resurvey No. of Trip:

Add Fee: Site Insp $ / Internet $ / Technical $ / Accessories $

Survey Fee

Transportation

Photo

Other

Total