

SIR/

REF:

III

2461 Sna3 - (W)

ASSIGNMENT

From: _____ Date: 21/02/18

Estimated Cost: _____

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

To Inspect Vehicle No: SGF 2703C

at Workshop m/s: Trans Eurokars

of: 12 sungai kadut

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record) 11 am @ owner waiting

Make of Veh: Pick

(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 1 up

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SGF 2703C Yr Regn: 3/11/15

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

Truck / Trailer or _____

Make: Porsche Macan cc: 1984

Colour: Black A/C: _____ Insured / Std / NI / NA

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

Eng/No: _____

C/No: WPI 777 95-ZGLB05-630

Gen. Condi: Good / Fair / Poor / Burnt

Steering: In Order / Jammed / Leaked / Burnt or _____

Brake: Order / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 235/60R18
R: 255/55R18

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

Front: _____ Rear: _____

R/Bal: 7 mm R/Bal: 7 mm

L/Bal: 7 mm L/Bal: 7 mm

D.O.A: 7/2/18 D.O.A: 21/2/18

Survey held at: Trans Eurokars

Des. of Damages: Fnt / 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

Days Of Repair: _____

Date/Time File Return to?

☐ : Final Report

Resurvey No. of Trip: _____

Survey Fee

Transportation

Add Fee:

☐ Site Insp: \$☐ Interview: \$☐ Tech. Insp: \$☐ Workshop: \$

Report Format: _____

Lump Sum / I.B.I: \$

