

SYNTHIC

Xhl.

REF:

III

ASSIGNMENT

From:

Date:

07/06/18

Estimated Cost:

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

To Inspect Vehicle No:

SLX 5479B

at Workshop m/s

Ah Lim Motor

of

No.10 AMK Ind. Park 2A #01-09

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

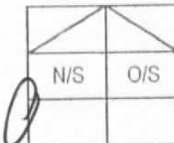
12pm

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its

repair at the time of inspection.



Bal. or Market Value:

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

(wp)

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No.

SLX 5479B

Yr Regn:

29 Mar 2018

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

Truck / Trailer or

Make:

Toyota Sienta

C.C

1496

Colour

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

16529

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

NH p1707H c172

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: M / S/Rim / STD A/Rim or

Tyre Size:

F:

185/60 R15

R:

11

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.

07-06-18

Survey held at

w/s

12pm

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

N/S Rear

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

Date/Time: File Pass to?



: Preli. Report

1)



: Final Report

Date/Time: File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

) \$ + RS \$

) Photos

) Others

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Report Format :

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

TOTAL