

Taufik

REF:

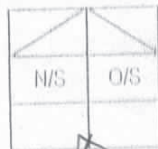
469 231/71.6

ASSIGNMENT

Team _____ Date _____
 Estimated Cost _____
 ON ☒ WS / TP RES / OD RES / EVA / INV / MY
 To inspect Vehicle No. _____
 at Workshop no. _____
 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: _____

Vehicle: IN / OUT

Date / Time _____ Action / Instruction _____

Veh No. SMD 8282A in Regn 2017 Mod. Mod.
 Type ☒ Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make BMW 216D C.C. 1496
 Colour Grey A/C Insured / Std / Nil / NA
 Sp. Reading 41972 I/Radio: Insured / Std / Nil / NA
 Eng/No. _____
 C/No. WBAZE32080 SH46076
 Gen Cond: ☒ Good / Fair / Poor / Burnt
 Steering: ☒ Inorder / Jammed / Leaked / Burnt or
 Brake: ☒ Inorder / Jammed / Leaked / Burnt or
 Mod: Nil / STD Rim / STD A/Rim or
 Tyre Size: F: 205 / 55 R17
 R: _____
 BS / DUN / EXNOVA ☒ / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front C mm Rear C mm
 R/Bal. 6 mm L/Bal. 6 mm
 D.O.A. puu D.O.I. 11/3/19
 Survey held at _____
 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, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to? _____

2) _____

Report Format: _____

Lump Sum / LB L: (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ Site Insp (\$) _____

☐ Interview (\$) _____

☐ Tech Invs (\$) _____

☐ Weekend (\$) _____

Survey Fee: _____

Transportation _____

1) ☐ 3.00 50

2) Photos _____

3) Other _____

4) _____

TOTAL