

Taufik

REF:

ALH

ASSIGNMENT

To be

Date:

Estimated Cost

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

To be used Vehicle No

at Workshop no:

of

Insured

Policy No

Clause No

Sum Insured:

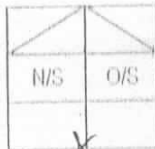
Excess:

(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 Rpt.

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:

Chng

Date / Time Action / Instruction

Veh No

SDF 8119

in Regn

2018 May

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

Truck / Trailer or

Make

BMW X1

C.C

1499

Colour

Orange

AC

Insured / Std / NI / NA

Sp. Reading

IRadio: Insured / Std / NI / NA

Eng/No

NKASX12A 019 21078

C/No

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

225 / 50R18

R:

225

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal

6

mm

L/Bal

6

mm

D.O.A.

Survey held at

PML

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?



Profi. Report

1)



Final Report

Date/Time: File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

1) GPS

2) Photos

3) Other

4) Other

TOTAL

Add Fee:



Site Insp (\$



Interview (\$



Tech Insp (\$



Weekend (\$

Report Format:

Lump Sum / L.B.E (\$