

ASS. REC. BY:

REF: CS/INC 1409712/ Avf3

Special Instruction:

✓ typist

Surveyor: Adwan

ASSIGNMENT (Office)

From (Person): Hazqiy SA Bntu Ibrahim of INC

Date/Time: 7.11.19 10:08a.m

Estimated Cost: Bill to:

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

To Inspect Vehicle No: YN 1408G

Insured: GV 3920B

at Workshop m/s Chin Mung Motors

Tel: 96820522

of 1 kati built no 6 #01-40/63

Policy No:

Claim No: MT/1069303-002

Sum Insured:

Excess:

Make of Veh:

D.O.A. 29.10.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

mp

H.O.D. Endorsement:

Date/Time: 7.11.19 11:00am

Person Contacted: melvin

Vehicle: IN/OUT

Date/Time

Action/Instruction (✓) Estimate

YN 1408G - NBA INC 16006102/4 DCA - 03104/2016

7/14/20

Adrian Confirmed LS \$2950 (Red 303960, 50%)

ASS. REC. BY:

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

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.

N/S	O/S

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: YN1408G Yr Regn: 2010 / MayType: M.Car / M.Cycle / Bus / Van / Car / Taxi / Prime Mover /

Truck / Trailer or

Make: Isuzu. NHR85 C.C. 2999.Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 253761 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JAA NHR85E971 00148Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModif: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/75R16C. GoodrideR: 185R14C Falken

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 07/11/19Survey held at Chin mengDes. 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 Action / Instruction

TP/INC.

MV: 4K.

PV: 1.1K

Nett: 2.9K.

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

8/4-typist

Report Format:

TP

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

2950/2

Days Of Repair: 5Resurvey No. of Trip: -

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL