

ASS. REC. BY:

Taufik

REF:

ALG

SJE @ Taufik

ASSIGNMENT

From:

Date:

15/11/19

Veh No:

CB3111Y

Yr Regn:

2013 March

Estimated Cost:

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /OD TP / WS / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or

To Inspect Vehicle No:

CB3111Y

Make:

Sunlong SIK610

c.c

8849

at Workshop m/s

Feida BUS

Colour

white

A/C:

Insured / Std / NI / NA

of

No. 6 Surgui Kordut way

Sp. Reading

388329

T/Radio:

Insured / Std / NI / NA

Insured:

Eng/No:

LJMHCGEXB9502470

Policy No.

C/No:

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh:

look for Faika

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

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Tyre Size:

F:

255/225 11R27.5

R:

74(17)

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

TOYO / YOKO or

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

C mm

R/Bal.

C/C mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

C mm

L/Bal.

C/C mm

Est. Repairs:

days

Res.:

Yes or No

D.O.A.

D.O.I.

15/11/19 5pm

Lum Sum:

%

3 Val.:

Yes or No

Survey held at

Faika Bus

CA / REV / REP. / 24 HRS ^(up)

Vehicle: IN / OUT

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

Rear o/s & FAP/s

Date:

Person Contacted:

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

Date / Time

Action / Instruction

64670956

Date/Time, File Pass to?

☐

Preli. Report

Days Of Repair:

1)

☐

Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

Site Insp (\$

Survey Fee:

Transportation:

Photos

Others

TOTAL

Report Format:

Lump Sum / L.B. (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Week end (\$