ASS. REC. BY: Kenneth

REF: TMI / CC3/TMI20001393/Ktd3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

of _____

Insured: SMQ 9794P

Policy No. MK000770

Claims No. M2000641

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 Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 06 days Res.: Yes or No

Lum Sum: 1.B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHD 9480Y Yr Regn: 06, 18

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Toy Prius "A" c.c 1798

Colour M.P.White/Blue A/C: Insured / Std / NI / NA

Sp.Reading 50538 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB31FU703081950

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: NII / S/Rim / STD A/Rim or _____

Tyre Size: F: Sailun 195/65R15

R: Yoko

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	8 mm
D.O.A.	20/1/20	D.O.I.	22/1/2020

Survey held at _____

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

O/S Frt & U/C

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

Date / Time	Action / Instruction
/	SHD 9480Y - CC3/LER18003142/Kpb3y2 DOA: 13/02/2018
	SMQ 9794P - X
23/1 @ 4:23pm	Sent File, Estimate & preli advise
	Part my Part $13,892.33 (Red: 45218.27 : 76%)

Date/Time, File Pass to?

1) 28/4 Typist

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☑ : Final Report

Days Of Repair: 6

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format : TP

Lump Sum / I.B.1: ($ 13892.33)

Survey Fee: _____

Transportation: $ _____ + RS. _____ SI

Fuel: _____

Others: _____

TOTAL: _____