ASS. REC. BY: Kenneth REF: LPC/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

AD / ATP / INS / TP RBS / OD RBS / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop rate: SUH

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Van: $150K

100m

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: 150K

IDAC Accident Point: _____ Consistent? : Yes or No

GA / PR Seat: _____ 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: SLR 8340D Yr Regn: 06 / 17

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

Truck / Trailer or A

Make: Mer C350 cc _____

Colour: m. p. white A/C: Insured / Std / Nil / N/A

Sp.Reading: 27822 T/Radio: Insured / Std / Nil / N/A

Eng No: _____

Chs No: WDD 2050472F438596

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inop / Jammed / Leaked / Burnt or _____

Brake: Inop / Jammed / Leaked / Burnt or _____

Mod: Nil / Spoiler / STD A/Rim or _____

Tyre Size: F: _____

R: 225/45R18

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

TOYO / YOKO or Continental

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm

D.O.A. 29/2/20 D.O.I. 14/4/2020

Survey held at _____

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

O/S Frt

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

Date / Time	Action / Instruction
15/4	Seek mandate
15/4	approval by Bengkel
16/4	inform workshop authorise repair
	Finalize @ $3562.75 (Rec'd: 180 : 4070)
	3day

Date/Time, File Faxed to? _____ : Preli. Report

To _____ : Final Report

Date/Time, File Returned to? _____

By _____

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee: : Site Insp ($ _____) : Interview ($ _____) Tech Invs ($ _____) Weekend ($ _____)

Report Format :

Lump Sum / I.B.I: ($ 3562.75)

Survey Fee: _____

Transportation: _____ S + FS _____ SI

Parts: _____

Others: _____

TOTAL: _____