

ASS. REC. BY: Steve

REF: CS3/CT120005713/Eyf3

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: _____

N/S	O/S
X	X

(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
Lum Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLE 9394K Yr Regn: 5/8/16
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Honda Vezel c.c. 1496
Colour: White A/C: Insured / Std / NI / NA
Sp.Reading: 41634 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: RU 11200521
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 215/60R16
R: 11
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or
Front Rear
R/Bal. 5 mm R/Bal. 5 mm
L/Bal. 5 mm L/Bal. 5 mm
D.O.A. 10/5/20 D.O.I. 13/5/20
Survey held at Jemantik Mohr
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	Action / Instruction
	<u>MV-55K Repair range 4K-5K</u>
	<u>5 repair days</u>

Date/Time, File Pass to? ☐ : Preli. Report
☐ : Final Report

Days Of Repair: _____
Resurvey No. of Trip: _____

1) _____
Date/Time, File Return to?

Report Format : _____
Lump Sum / L.B.I: (\$ _____)

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)
Survey Fee: _____
Transportation: _____
S + RS, SI _____
Photos _____
Others _____
