

NS/INC20006294/T1qf3

REF:

INL

ASS REQ BY:

Taufik

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. MT/1094201-001

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
X	

Bal. or Market Value: _____

IDAO Accident Report _____ Consistent? : Yes or No

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

Est. Repairs: 2 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: SH8962D Yr Regn: 2015 JulyType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi Prime Mover /

Truck / Trailer or

Make: Hyundai I40 c.c. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 656879 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HLB41UM GU 075285Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16R: u u

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

TOYO / YOKO or Hankook

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 8/6/2023 50pmSurvey held at Comptelloga Bayang

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

N/S Rear

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

Date/Time Action/Instruction

10/06/2020 TAUFIKH FINALISED WITH JUMANI LS \$1200, 2 DAYS.

(Red \$1053.12, 47%)

Date/Time, File Pass to?

☐ : Preli. Report

22/06 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS \$

Photos

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)

Rep Form:

TP