

NS/INC20008318/T1sf3

ASS. REV. BY: Taufigh

REF:

INC

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TP RES/OD RES/EVA/IN/ MV

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

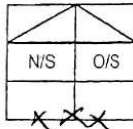
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(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

LIMKE

Veh No: SHA1943Y Yr Regn: 20/8 July

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

Truck / Trailer or

Make: Hyundai Lavio c.c. 1580Colour: Blue A/C: Insured / Std / NI / NASp Reading: 234374 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH851CVJ4103592

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: 195/65R15R: 20

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

TOYO / YOKO or Davant

Front

R/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

Survey held at

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

Rear

R/Bal. 6 mmL/Bal. 6 mmD.O.I. 11/8/20Comfortdelgo Loyang

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

Date / Time Action / Instruction

TAUFIKH CONFIRMED L/S \$ 1,600.00/3 DAYS WITH KWOK ENG
(\$ 816.24/RED - 34%)

Date/Time, File Pass to?

21/08/2020

1) TYPIST

Date/Time, File Return to?

2)

☐ : Prel. Report☒ : Final ReportDays Of Repair: 3Resurvey No. of Trip: 1

Add Fee:

☐ Site Insp (\$☐ Interview (\$☐ Tech. Invs (\$☐ Material (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

For: Form 1

L/S \$ 1,600.00