

NS/INC20008364/T1sf3

ASS. REC. BY: Taufikh

REF:

INC.

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: _____

(Policy Condition)

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

N/S	O/S

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: Ching
 Vehicle: IN / OUT

Veh No: SHD4163X Yr Regn: 2019 Dec
 Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Taxi / Prime Mover /
 Truck / Trailer or
 Make: Hyundai i40iq c.c. 1580
 Colour: blue A/C: Insured / Std / NI / NA
 Sp. Reading: 75311 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMH C851CUL419d62
 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: 195/65 R15
 R: u u
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Westlake
 Front _____ Rear _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.I. 12/3/20
 Survey held at Cyberjaya
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Frt O/S
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

TAUFIKH CONFIRMED P/P \$ 1,105.92/2 DAYS WITH LIAT CHOON (\$ 3,291.32 RED - 75%)

Date/Time, File Pass to?
21/08/2020
 1) TYPIST
 Date/Time, File Return to?

☐ : Prel. Report
☒ : Final Report

Days Of Repair: 2
 Resurvey No. of Trip: 1

Survey Fee: _____
 Transportation: _____
 S + RS \$ _____
 Photos _____
 Others _____

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

Rep. Form: _____
 Lump Sum 1105.92 P/P \$ 1,105.92