

ASS. REQ BY:

Taufik

REF:

INC

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

CD / 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: _____

IDAO Accident Report: _____ Consistent?: Yes or No

G/A / 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: SHA3203L

Yr Regn:

2017 Jan

Type: M.Car / M.Cycle / Bus / Van / Lorry (Tax) / Prime Mover /

Truck / Trailer or

Make:

Hyundai 140c.c. 1685

Colour

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

56623

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

KMHLB414MH4097728

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / STD / STD A/Rim or

Tyre Size: F: _____

205/60R16

R: _____

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

TOYO / YOKO or

Wan Hake

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A.

D.O.I.

12/8/20

Survey held at

Compulsory Log

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 L/S \$ 2,950.00/3 DAYS WITH TIEN SIONG
(\$ 1,095.76/RED - 27%)

Date/Time, File Pass to?

24/08/2020

1) TYPIST

Date/Time, File Return to?

2) _____

Per: Formal

L/S \$ 2,950.00

L/S \$ 2,950.00

☐ : Prel. Report☒ : Final ReportDays Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others