NS/20008593/T1vf3

ASS. REC BY: Taufik 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: SMN 6514S

Policy No. 5112071196

Claims No. MT/1100599-001

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

Bal. or Market Value:

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted: Lim KE

Veh No: SHD3608L Yr Regn: 2017, Sep.

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

c.c 1798

Make: Toyota Prius

Colour Blue. A/C: Insured / Std / NI / NA

Sp.Reading 426927. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDKB3FU X03504252.

Gen. 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: 195/65R15

R: " "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front R/Bal. 6 mm L/Bal. 6 mm

Rear R/Bal. 6 mm L/Bal. 6 mm

D.O.A. 13/8/20 D.O.I. 14/8/20

Survey held at Comfortdelgro Lying

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

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

Date / Time	Action / Instruction
24/8/20	LS $1100 confirmed by email (Red 501.75, 31%)

Days Of Repair: 2

Resurvey No. of Trip: 1

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

1)

Date/Time, File Return to?

2) 26/8/20-Typist

Add Fee: Site Insp ($) Interview ($) Tech Invs ($) Weekend ($)

Survey Fee:
Transportation:
S + RS SI
Photos
Others
TOTAL

Pe[redacted]Former: TP

Lump Sum / FE.RTF LS $1100