

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: _____

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: Lim TS.

Vehicle: IN / OUT

Veh No: SHA 1053R Yr Regn: 2019, Oct.Type: M.Car / M.Cycle / Bus / Van / Lorry (Taxi) / Prime Mover /

Truck / Trailer or

Make: Hyundai i30 c.c. 1500Colour: Blu A/C: Insured / Std / NI / NASp. Reading: 119748 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH C851 CVL4186517

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / SRim / STD A/Rim or

Tyre Size: F: 195/65R15R: 195/65R15

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

TOYO / YOKO or WestlakeFront _____ Rear 6R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 10/8/20Survey held at Complete Auto Log

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

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

Date / Time Action / Instruction

TAUFIKH CONFIRMED P/P \$ 569.50/2 DAYS WITH TIEN STONG
(\$ 1,842.72/RED - 76%)

Date/Time, File Pass to?

21/08/2020

☐ : Prel. Report1) TYPIST☒ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

Rep. Form:

Lum Sum 11842.72 P/P \$ 569.50