

ASS. REC. BY:

REF: TJ / 2000 9892/K

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Cheng Hoe

of Amk

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: 06 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SKZ 2977 Yr Regn: 011 16

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

Truck / Trailer or

Make: Mercedes ^{A1} 6 c.c. 2488

Colour: M. Red A/C: Insured / Std / NI / NA

Sp. Reading: 80877 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6GJ103200 22027

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NI / S/Rlm / STD A/Rlm or

Tyre Size: F: _____ R: 225/55R17

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 8 mm R/Bal. 8 mm

L/Bal. 8 mm L/Bal. 8 mm

D.O.A. 13/9/20 D.O.I. 15/9/2020

Survey held at _____

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

N/S Rear body

The UIC / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction |
|-------------|----------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Date/Time, File Pass to?

: Prell. Report

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee:

Transportation:

S + RS. \$

Partners

Others

TOTAL

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

Report Format :

Lump Sum / I.B.I: (\$ _____)