

ASS. REC. BY: Taufik

REF: CS/GA12001974/Ficd3.

**ASSIGNMENT**

in E 2023 Oct.

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: tbq  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: SDZ8863P Yr Regn: 2013, Nov  
 Type:  M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Toyota Lexus ES300H c.c. 2444  
 Colour: Grey A/C: Insured / Std / NI / NA  
 Sp. Reading: 145203 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: JTH13W1G6 002 039044  
 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 of \_\_\_\_\_  
 Tyre Size: F: 205/55R17  
 R: 2

(Policy Condition)  
 Remark: The veh had commenced its  
 repair at the time of inspection.

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA /  MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or \_\_\_\_\_  
 Front 45 mm Rear 5 mm  
 R/Bal. 65 mm L/Bal. 5 mm  
 D.O.A. \_\_\_\_\_ D.O.I. 6/4/20.  
 Survey held at 1 Wallich Street.  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
o/s Rear, u/c.  
 The U/C / Chassis frame / Body Structure affected due to collision.

Gal. or Market Value: 70K.  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No  
 Est. Repairs: 6 days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Date / Time	Action / Instruction
<u>3/12/20pm</u>	<u>Taufik confirmed LE 84950f; 6 days with Ying. (Red 3007, 20, 37%)</u>

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

Days Of Repair: 6  
 Resurvey No. of Trip: 1

Report Form: OD  
 Lump Sum / L.B.I. / 84950f

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

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