

ASS. REC. BY:

Tangkh

REF:

CTI

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: 9112K.

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: Joseph

Vehicle: IN / OUT

Veh No: SME2541L Yr Regn: 2018, SepType: ☒ M. Car / ☐ M. Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make: BMW X1 c.c. 1499Colour: Black A/C: ☐ Insured / ☐ Std / ☐ NI / ☐ NASp. Reading: 21276 T/Radio: ☐ Insured / ☐ Std / ☐ NI / ☐ NA

Eng/No: _____

C/No: WSAJG/2042597688Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModi: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim orTyre Size: F: 225/50R18

R: _____

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

TOYO / YOKO or

Front 6 mm Rear 6 mmR/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 5/1/21Survey held at PML

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

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

Date / Time Action / Instruction

COR \$10,550.19 , 6 days.

red: 3969.81:27%

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Photos

Others

TOTAL

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Rep. Format: _____

Lump Sum / I.B.H. (%) _____