

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. MM000072
 Claims No. M2102345
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
 repair at the time of inspection.

X	X
N/S	O/S
LHS	RHS

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 2 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Veh No: SHD 33974 Yr Regn: 29 SEPT 2016
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: HYUNDAI 140 (C.C) 1,685
 Colour: BLUE A/C: Insured / Std / NI / NA
 Sp. Reading: 173,410 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHLB414M4U093668
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD / Rim or
 Tyre Size: F: 205/60 R16
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / tyre
 TOYO / YOKO or WESTLAK brand
 Front _____ Rear _____
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 315/2021 D.O.I. 10/5/2021
 Survey held at CDGE LOYANG
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
FRONT OFFSIDE NEARSIDE
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

11/05/21@11.43am revised to TMI by email.

20/05/21 Re-finalised with Ms Loke final fig \$1071, 2 days (Red \$3199.20, 75%)

Date/Time, File Pass to? ☐ : Prell. Report

1) 20/05 Typist ☐ : Final Report

Date/Time, File Return to?

2)

Report Format : MER-TP

Lump Sum / I.B.I: (\$ 1071.00)

Days Of Repair: 2

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

____ S + RS ____ SI

Photos

Others

TOTAL

TMI L/S