

ASS. REC. BY:

Tanglin

REF:

CS/MSG 21006167/TITFS

## 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. \_\_\_\_\_

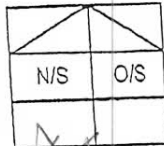
Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

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 WP

Date: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Zakaria

Veh No: \_\_\_\_\_

Yr Regn: \_\_\_\_\_

2017 Sep.

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

Truck / Trailer or \_\_\_\_\_

Make: \_\_\_\_\_

MAN A95

C.C 10518

Colour \_\_\_\_\_

Green

A/C: Insured / Std / NI / NA

Sp. Reading \_\_\_\_\_

164395

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: \_\_\_\_\_

WM A9522-967003525

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_

Brake: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_

Modi: Nil / S/Rim / STD A/Rim or \_\_\_\_\_

Tyre Size: \_\_\_\_\_

F: \_\_\_\_\_

275/70R225

R: \_\_\_\_\_

1 2

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

TOYO / YOKO or \_\_\_\_\_

Front

Rear

R/Bal. \_\_\_\_\_

8

mm

R/Bal. \_\_\_\_\_

8/8

mm

L/Bal. \_\_\_\_\_

8

mm

L/Bal. \_\_\_\_\_

8/8

mm

D.O.A. \_\_\_\_\_

D.O.I. \_\_\_\_\_

31/5/21

Survey held at \_\_\_\_\_

SBS Transit Hungary Depot

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

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

Date / Time Action / Instruction

SUBMIT PART BY PART \$4772

RED: 4247.04;47%

Date/Time, File Pass to?

☐

Preli. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Report Form:

Lump Sum / L.B.I. ( )

Days Of Repair: 6

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

☐

Site Insp (\$ \_\_\_\_\_)

☐

Interview (\$ \_\_\_\_\_)

☐

Tech. Invs (\$ \_\_\_\_\_)

☐

Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

Photos

Others

TOTAL