ASS. REC. BY: Taufikh | REF: CS/AG/21012591/T19f3

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. C10012884/KY

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 Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 15 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS "WP"

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLC 7226L Yr Regn: 2016 May

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Honda Odyssey c.c 2356

Colour white A/C: Insured / Std / NI / NA

Sp.Reading 131765 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RL111086/5

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: 215/55R17

R: 2 5

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	14/12/21

Survey held at N-51

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
	Taufikh finalised LS $20150, 15 days.

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

1) 01/04 Typist ☐ : Final Report

Date/Time, File Return to?

2) _____

Rep. Format : TP

Lump Sum / T.L.N. ($ 20150)

Days Of Repair: 15

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee: _____

Transportation: _____

___S + RS___SI _____

Photos _____

Others _____

TOTAL _____