ASS. REC. BY: Taufik | REF: CS3/CT/22001823/Tvy3

ASSIGNMENT

CoE 2024 April

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____ _____

of _____

Insured: SKW 1458E

Policy No. DMPCSNW00062262102

Claims No. SNM22D200753/C02/TANKW

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: $43K

IDAC Accident Rport: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLZ2359Z Yr Regn: 2014 / April

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

Make: Audi A3 c.c 1395

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

Sp.Reading 145443 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZ8V0E1029926

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: 235/40R18

R: "

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. 28/1/2022 D.O.I. 25/2/22 @1140pm

Survey held at 42 Spray.

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

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

Date / Time	Action / Instruction
	- Repair Range : $6000 - $7000, 7days
1/3/22	Submit PRS, repair range $6,000-$7,000

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 1/3/22-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 7

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

Lump Sum / I.B.I: ($ _____)

Survey Fee:	
Transportation:	
___S + RS.___SI	
Photos	
Others	
TOTAL	