

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SM77760J
at Workshop m/s: Berneo motor

of _____

Insured: SM C3498H

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: 481

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 12 days Res.: Yes or No

Lum Sum: 1-3.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

276J
Vehicle: IN / OUT

Date: _____ Person Contacted: LTA 39818

Veh No: SM77760J Yr Regn: 17/7/20

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

Truck / Trailer or CA/

Make: Toyota c.c 1496

Colour: 31-cell A/C: Insured / Std / NI / NA

Sp. Reading: 17610 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR2B23F37*01191537

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: 195/50 R16

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. 28/2/22 D.O.I. 1/3/22

Survey held at _____

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

Rear & Lf.

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

Date / Time Action / Instruction 27/9/22

note 4/1/22

No Discount for Berneo

16/3/22 P/P & 22916-80 informed Raymond

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

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

) S + RS, SI

) Photos

) Others

TOTAL

Report Format :

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