A.S.S. REC.BY: _Taufik_   REP: CS 3/YSM 21013012/TLY3-1

ASSIGNMENT

From: _____ Date: _____	Veh No: SMR 6300X Yr Regn: 2020 Jan
Estimated Cost: _____	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / I/S / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspec Vehicle No: _____	Make: Hyundai Avante c.c 1591
at Workshop m/s _____	Colour: Blue A/C: Insured / Std / NI / NA
of _____	Sp.Reading — T/Radio: Insured / Std / NI / NA
Insured: SHC 2402A	Eng/No:
Policy No. VFX/P12419138	C/No: KMHD841CMLU 996432
Claims No S1M03OQ2	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: _____ Excess: _____	Steering: In order / Jammed / Leaked / Burnt or _____
(Client's Record)	Brake: In order / Jammed / Leaked / Burnt or _____
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 195/65R15
(Policy Condition)	R:

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

	N/S	O/S

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

	Front		Rear	
Bal. or Market Value: _____				
IDAC Accident Rport _____ Consistent? : Yes or No	R/Bal. 8	mm	R/Bal. 6	mm
GIA / PR Seen: _____ Consistent? : Yes or No	L/Bal. 6	mm	L/Bal. 6	mm
Est. Repairs: _____ days Res.: Yes or No	D.O.A 17/12/2021		D.O.I. 10/10/22	
Lum Sum: _____ % 3 Val.: Yes or No	Survey held at A-Tec			

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

CA / REV / REP. / 24 HRS
Vehicle: IN / OUT

Date: _____ Person Contacted: _____

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

Date /Time	Action / Instruction
21/10/22	Submit LS $6950 (Red 8350, 54%)

Date/Time, File Pass to? ☐ : Preli. Report	Days Of Repair: 7	Survey Fee:
1) _____ ☐ : Final Report	Resurvey No. of Trip: _____	Transportation:
Date/Time, File Return to?		
2) 21/10/22-typist	Add Fee: ☐ : Site Insp ($ ____) S + RS. SI.	
	☐ : Interview ($ ____) Photos	
Repair Format : TP Res	☐ : Tech. invs ($ ____) Others	
Lump Sum LS $6950	☐ : Weekend ($ ____)	