

ASS. REC. BY: Taufik

REF: CS3/LPC 22004291/Tvy3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / 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.

N/S	O/S

Bal. or Market Value: _____
 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 inf' p/s
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Veh No: SMZ8601y Yr Regn: 1
 Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Honda Vezel C.C _____
 Colour: white A/C: Insured / Std / NI / NA
 Sp. Reading: 77968 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: _____
 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: 215/60R16
 R: 1 2
 BS / DUW / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

Front	Rear
R/Bal. <u>6</u> mm	R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>6</u> mm
D.O.A. _____	D.O.I. <u>10/5/2204pm.</u>
Survey held at <u>SG Auto</u>	
Des. of Damages: Frt / Rear / <input checked="" type="checkbox"/> N/S / UIC / Rooftop or _____	

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>NO GIA, only Police Report, uploaded in Views.</u>
	<u>Repair Range: \$2000-\$4000, 4 days.</u>

Date/Time, File Pass to? : Prel. Report
 : Final Report

1) _____
 Date/Time, File Return to? _____

2) _____

Days Of Repair: _____
 Resurvey No. of Trip: _____

Report Format: _____
 Lump Sum / L.S.I. (\$) _____

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

Survey Fee: _____
 Transportation: _____
 S + RS _____ SI
 Photos _____
 Others _____
 TOTAL _____