

A.S.S. REC BY: TaufikREF: CS/CT/22006207/Tcy3

ASSIGNMENT

From: _____ Date: _____

Estimated cost: _____

OD / TP / VS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

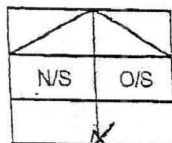
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: \$88K

IDAC Accident Report: _____ Consistent?: Yes or No

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

Est. Repairs: 6 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

WP

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: GBK 7172J Yr Regn: 2020, Oct

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

Truck / Trailer or

Make: Toyota Dyna C.C. 2982Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 35057 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STF AT 35960K 215664Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nir / S/Rim / STD A/Rim orTyre Size: F: 195/75R15R: 155/R12

BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front: _____ Rear: _____

R/Bal. 6 mm R/Bal. 6/6 mmL/Bal. 6 mm L/Bal. 6/6 mmD.O.A. _____ D.O.I. 29/6/22Survey held at BifrostDes. 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

4/10

Taufik finalised LS \$4300; 6 days with hie. (Red. 27,133,40,862)

Date/Time, File Pass to?

☐: Prel. Report

1)

☒: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6

Resurvey No. of Trip: _____

Report Format: TPLump Sum / LS: \$4300Add Fee: ☐: Site Insp (\$ _____)☐: Interview (\$ _____)☐: Tech. Invs (\$ _____)☐: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS: _____

Photos

Others

TOTAL