ASS. REC. BY: Taufik   REF: CS/TM 22007174/7 cy3

ASSIGNMENT

		Veh No: SHC 2644 Yr Regn: 2019, April.
From: _____ Date: _____		Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Estimated Cost: _____		Truck / Trailer or
OD / TP / WS / TP RES / OD RES / EVA / INV / MV		Make: Hyundai Tonig c.c 1580
To Inspect Vehicle No: _____		Colour Yellow A/C: Insured / Std / NI / NA
at Workshop m/s _____		Sp.Reading 417366. T/Radio: Insured / Std / NI / NA
of _____		Eng/No:
Insured: _____		C/No: KMHC851CVKU141289.
Policy No. _____		Gen. Cond: Good / Fair / Poor / Burnt
Claims No. _____		Steering: Inorder / Jammed / Leaked / Burnt or _____
Sum Insured: _____ Excess: _____		Brake: Inorder / Jammed / Leaked / Burnt or _____
(Client's Record)		Modi: Nil / S/Rim / STD A/Rim or _____
Make of Veh: _____		Tyre Size: F: 195/65 R15

(Policy Condition)

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

N/S	O/S

R: _____

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	27/7/22

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

WP

CA / REV / REP. / 24 HRS

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

Survey held at Comfort Logan.

Des. 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
	20/09/2022 Finalise L/S $1,100.00 with 02 days (Red $ 1,875.48 / 63%)

Date/Time, File Pass to?	☐ : Preli. Report	Days Of Repair: _____	Survey Fee:
1) _____	☐ : Final Report	Resurvey No. of Trip: _____	Transportation:
Date/Time, File Return to?			S + RS. ___ SI
2) _____		Add Fee: ☐ : Site Insp ($ _____)	Photos
		☐ : Interview ($ _____)	Others
Report Format: _____		☐ : Tech. Invs ($ _____)	
Lump Sum / I.B.R / T _____)		☐ : Week.end ($ _____)	TOTAL