

ASS. REQ. BY: Tajm

REF:

INC

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

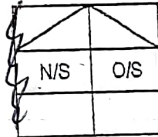
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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

WP

Vehicle: IN / OUT

Date: _____ Person Contacted: Ching

Veh No: SHD4324Z Yr Regn: 2019 Oct

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

Truck / Trailer or

Make: Hyundai Woni C.C. 1580

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 366/08 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM H1851CVLY 187358

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: W / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Wan + take Duraturn

Front _____ Rear _____

R/Bal. 0 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 4/8/22

Survey held at Compt 4 Logis

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

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

Date/Time _____ Action / Instruction _____

07/10/2022 Finalised L/S \$2,200.00 @ 03 days (Red \$ 5,248.62 / 70%)

Date/Time, File Pass to?

☐ : Preli. Report

1)

Date/Time, File Return to?

☐ : Final Report

2)

Rep. Format: _____

Lump Sum / L.B.L. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. SI _____

Photos _____

Others _____

TOTAL