A/S. REC BY: Tauffik | REF: CS3/LPC2200 8045/Tq3.

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / 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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 10 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS WP' PRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBD6085X Yr Regn: 2015, Jan.

Type: M.Car / M.Cycle / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Nissan NV200 c.c 1597

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

Sp.Reading 185007 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VM20058735

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: 175/70R14

R: " "

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	23/8/22@2pm

Survey held at Cheng Chua.

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
01/12/22	Submit LS $8300, 10 days. (Red $5900, 42%)

Date/Time, File Pass to? 1) 02/12 Typist

Date/Time, File Return to? 2) _____

☐ : Preli. Report

☐ : Final Report

Report Format : TP

Lump Sum / R.E.P.: 8300

Days Of Repair: 10

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee: _____

Transportation: _____ S + RS. _____ Sl.

Photos _____

Others _____