ASS REC BY: Taufik | REF: CS/CT/22008105/IVYS

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
	X

Bal. or Market Value: 470K

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 "WP".

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBL4450X Yr Regn: 2021 / Aug

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

Make: Nissan NV200 1.6A c.c 1597.

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

Sp.Reading: 38962. T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JN1YAAM20Z0002351

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modi: NIL / S/Rim / STD A/Rim or _____

Tyre Size: F: 165/80R14

R: " "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIRI / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	24/8/22

Survey held at TSL

Des. of Damages Ft / Rear / O/S / N/S / U/C / Rooftop or _____

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

Date / Time	Action / Instruction

Date/Time, File Pass to? 1) _____

Date/Time, File Return to? 2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Rep. Format : _____

Lump Sum / I.B.I: ($ _____)

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