s. REC BY: Taufik | REF: CS3/CT/22008234/Tqy3

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)

N/S	O/S
	X

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

Bal. or Market Value: 4155K

IDA.C 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: SLG 2195D Yr Regn: 2019, Sep.

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

Make: Mercedes Benz C200 c.c 1497

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

Sp.Reading: 48893 T/Radio: Insured / Std / Nil / NA

Eng/No: ______

C/No: WDD 2050772R 48 1105

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: 225/50R17

R: " "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / (PIR) / 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.	25/8/22 0340pm	

Survey held at: Chip Soon.

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

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

Date / Time	Action / Instruction
	Repair Range: 47500 - 48500, 9 days

Date/Time, File Pass to? [ ] : Preli. Report

1) ______ [ ] : Final Report

Date/Time, File Return to?

2) ______

Days Of Repair: ______

Resurvey No. of Trip: ______

Add Fee: [ ] : Site Insp ($ ______) [ ] : interview ($ ______) [ ] : Tech. Invs ($ ______)

Survey Fee:	
Transportation:	
___S + RS___St	
Photos	
Others	

Report Format: ______

Lump Sum / 1.5 x 1.5