

#8200

AS: S. REC: BY: Taufikh

REF: CS/ASM 22 01 0508/Tny3

ASSIGNMENT

CoE 2023 Dec.

From: _____ Date: _____
 Estimated cost: _____
 (OD) TP / NS / TP RES / OD RES / EVA / INV / MV
 To Inspect/Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: 9400
 (Client's Record)
 Make of Vch: _____

Veh No: SKS 8831K Yr Regn: 2008 / Dec
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Honda Jazz c.c. 1339
 Colour: Black A/C: Insured / Std / Nil / NA
 Sp. Reading: _____ T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: JHMGD185085216476
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / STD / STD A/Rim or _____
 Tyre Size: F: 185/55R15
 R: ~ ~

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

<u>Nil</u>	
N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Winrun.
 Front R/Bal. 6 mm Rear R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.L. 26/10/22
 Survey held at Insurat Autocare.
 Des. of Damages: Front / Rear / O/S / N/S / UIC / Rooftop or _____

Bal. or Market Value: ATK \$12k ✓
 IDAC Accident Report _____ Consistent? : Yes or No
 GIA / PR Seen _____ Consistent? : Yes or No
 Est. Repairs: 9 days Res.: Yes or No
 Lum Sum _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time	Action/Instruction
	<u>Battery weak</u>
	<u>repair limit \$7500</u> <u>1st \$8200</u>
	<u>No estimate, workshop wants to know repair limit before proceed to repair or total loss vehicle.</u>
	<u>13/02/23 Taufikh confirmed lump sum: \$8200 and 9 days</u>
	<u>(red, 10081, 55%)</u>
	<u>mv \$12k</u>

Date/Time, File Pass to? : Prel. Report
 1) 13/02/23 : Final Report
 Date/Time, File Return to?
 2) _____

Days Of Repair: 9 \$200.
 Resurvey No. of Trip: 2

Repair Format: od
 Lump Sum: 8200

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Invs (\$)
 : _____ (\$)

Survey Fee:

Transportation	_____
S + RS. SI	_____
Photos	_____
Others	_____