

ASS. REC. BY: Taufikh

REF:

CS/SMR22010714/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)

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

N/S	O/S
	X

Bal. or Market Value: 9220K
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 6 days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SFT6666M Yr Regn: 2020, Jan.
Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Toyota Vellfire c.c. 2493
Colour: white A/C: Insured / Std / NI / NA
Sp. Reading: 12932 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: AGH 300230529
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: 235/50R18
R: 1 -
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. 31/10/20
Survey held at Xin Yu
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

Taufikh finalised LS \$4850, 6 days (Red \$17156.50, 78%)

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1) 18/05 Typist

Date/Time, File Return to?

2) _____

Days Of Repair: 6Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format: TPLump Sum (Red): 4850Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)