

ASS. REC BY: Taufik

REF:

INC.

NS/INC22010729/Tnc

ASSIGNMENT

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: MT/1194430-002
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

Veh No: SH1406/Y Yr Regn: 2019 June.
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Hyundai Lavig C.C. 1580
Colour: Blue A/C: Insured / Std / NI / NA
Sp. Reading: 577289 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: KM H C 85 / CLKY / 64332.
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: 195/65KR5
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Westlake
Front R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. _____ D.O.I. 27/10/22
Survey held at Conpet Logang
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop / or
Frt O/S.
The U/C / Chassis frame / Body Structure affected due to collision.

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

| | |
|-----|-----|
| N/S | O/S |
| | |

Bal. or Market Value: _____
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 2 days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: Chary
Vehicle: IN / OUT

| Date / Time | Action / Instruction |
|-------------|--|
| | Taufikh confirmed lump sum: \$1800 and 2 days! |
| | (red, 3696.96, 67%) |
| | |
| | |
| | |
| | |

Date/Time, File Pass to? : Preli. Report
11/11/22 : Final Report

Days Of Repair: 2
Resurvey No. of Trip: 1

Date/Time, File Return to?
2)

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

Survey Fee: _____
Transportation: _____
S + RS. SI. _____
Photos _____
Others _____
TOTAL _____

Report Form: _____
Lump Sum / L.B. / F: 1800