

AGS REC BY: Taufik

REF:

INC NS/INC22011225/Tnc

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / IS / 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 Vht: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ 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: _____

Vehicle: IN / OUT

ms loka

Veh No: SHC8462L Yr Regn: 2021 Jan

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai Ioniq C.O. 1580

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

Sp. Reading: 25/676 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HC851CVL4/92838

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NH / S/Rim / STD A/Rim or

Tyre Size: F: 195/65K15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Winstake

Front Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. D.O.I. 3/10/22

Survey held at Comfort Logang

Des. of Damages: F/R 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 confirmed final fig: \$2039.68 / 2 days
(red, 739.92, 27%)

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: 2

1)

☐ : Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to?

Survey Fee:

Transportation:

S + RS SL

Photos

Others

2)

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. invs (\$

☐ : Repairs (\$

Rep. Form:

Lum Sum / LB: 2039.68